Rocky Hollow Farm Release and Indemnity agreement

Name of Rider	D.O.	.B. if minor	Date
Name of Parent (if rider is under a	ge 18)		
Address			
Phone (home)	(work)	(ce	II)
Emergency info (contact)	Relationship		_ Phone
Special Health Concerns			
The Undersigned, in consideration of horses at Rocky Hollow Farm, or to be Rocky Hollow Farm, i.e. Gary, Brenda agrees to the following.	e on the property of Rocky Hollow F	arm, or to be co	ached at horse competitions by
The use, riding, or handling of a horse activities, and that any horse, irrespe react unpredictably at times based or handler. The jumping of horses may i boarding company and there are risk risks of damage or death to persons a	ctive of its training, age, and usual point instinct or fright, which is also an increase the risk of injury or death. It is associated with being on the prem	past behavior and inherent risk assu Rocky Hollow Fai	d characteristics, may act or umed by a horse rider or mis a horse training and
The undersigned expressly assumes shereby agree to release, defend, and Attila Rajnai their successors, heirs, a persons acting for, by, or through the property that are suffered by the undersigned, which may occur on the 6.1802.	indemnify and hold harmless Rocky ssigns, representatives, agents, serv em or any of them, from all injuries, dersigned, his/her agents, children,	y hollow Farm, G vants, employees claims, or dama or other persons	ary, Brenda, Sara Mittleider, s and insurers, together with all ges including death to person or accompanying the
This release of all claims and indemni administrators, assigns and successor expressed has been made to the und nature and are not mere recitals.	rs of the undersigned, and no promi	ise, inducement	or agreement not herein
All riders under the age of 18 must v	vear an ASTM approved helmet, pr	operly fastened,	while mounted.
THE UNDERSIGNE	D HAS READ THE FOREGOING A	ND FULLY UND	ERSTANDS IT.
MY LEVEL OF RIDING ABILITY IS: _			
SIGNATURE		DATE	

or