



**OAK HOLLOW EQUESTRIAN PARK
RIDING AGREEMENT AND RELEASE
OFFICE 281-890-4420
www.oakhollow.us**

David & Suzanne Harrison, Owners

EMAIL: drifter050@yahoo.com

DATE: _____ WHO IS RIDING INSTRUCTOR? _____

PARTICIPANT NAME: _____

HOME ADDRESS: _____ CELL PHONE: _____

EMAIL ADDRESS: _____ OTHER PHONE: _____

DOB: _____ NOTES: _____

NAME OF PARENT/GUARDIAN: _____

ADDRESS OF PARENT/GUARDIAN: _____

EMERGENCY CONTACT PERSON: _____
(Other than Parent/Guardian please)

EMERGENCY CONTACT PHONE: _____

This Agreement and Release ("Agreement") is entered into between Oak Hollow Equestrian Park, Inc. ("OEP") and _____

Parent/Guardian hereby agrees to assume all responsibility and risk from the use of OEP and any equipment or structure located thereon; and further agrees to hold OEP, its employees, officers, directors, agents and representatives, free from any and all damages, claims, or liability for any injury to any person, horse, animal, or property arising as a result of the use of equipment or while staying at OEP, or any other injury or damage. Parent/Guardian releases, acquits, and forever discharges OEP, its employees, officers, directors, and representatives from any and all claims, demands, or causes of action.

Parent/Guardian hereby consents to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital service that may be rendered to said applicant under the general or specific instructions of any physician or hospital. It is understood that this consent is given in advance of any specific diagnosis or treatment that may be required, but is given to encourage the OEP staff, hospital staff and such physician to exercise their best judgement as to the requirements of such diagnosis or treatment. The undersigned shall pay all fees for doctors, hospitals, ambulances and other medical charges reasonably and necessarily incurred. **This contract may be terminated by either party with written 30-day notice.**

Parent/Guardian represents that before executing this Release, Parent/Guardian has been fully informed of this Agreement's terms, contents, conditions and effect, and that Parent/Guardian is legally competent to execute this Agreement.

Signature of Parent or Guardian _____ Date _____
(If participant is under age 21)

WARNING: Under Texas law (Chapter H7, Civil Practices and Remedies Code), an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risk of equine activities. Effective September 1, 1995.