



**OAK HOLLOW EQUESTRIAN PARK  
RIDING AGREEMENT AND RELEASE  
OFFICE 281-890-4420  
[www.oakhollow.us](http://www.oakhollow.us)**

**David & Suzanne Harrison, Owners**

**EMAIL: [drifter050@yahoo.com](mailto: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: \_\_\_\_\_

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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.**