

# Liability Release and Information Form

Child's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Please describe your child's horse or riding experience, if any:

\_\_\_\_\_

## Participation Agreement and Liability Release

As a condition of participating in the summer horse day camp on the date of \_\_\_\_\_, the parties identified below agree to the following terms and conditions on behalf of themselves and their minor children.

Parent or Guardian name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ 2nd number: \_\_\_\_\_

Email: \_\_\_\_\_

Please know my child has \_\_\_\_\_ diet restriction, food allergy, or medical condition and takes \_\_\_\_\_ medication.

## Emergency Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## NOTICE

**Under Missouri law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to the Revised Statutes of Missouri.**

It is hereby agreed as follows:

1. I have requested to be near horses, receive riding instruction, and store personal belongings at Woodson Hill Equestrian Center, Kansas City, MO.
2. I understand that there are potentially serious risks and dangers inherent in equine (horse) activities.
3. Liability Release. I (on behalf of myself and my minor children, if any) agree that Woodson Hill Equestrian Center, Kaitlin Salyer, and any assistants, insurers, representatives, heirs, family members, assigns, affiliated persons, and others acting on their behalf, shall not be liable for any damages arising from personal injuries that I (or my minor children, if any) may sustain as a result of undertaking any or all of these activities. By the execution of the Agreement and Liability Release, I agree to assume full responsibility for any injuries, losses, and/or damages that may occur to myself

and/or to my minor children. I hereby fully and forever release and discharge Woodson Hill Equestrian Center, Kaitlin Salyer, and any assistants, insurers, representatives, heirs, family members, assigns, affiliated persons, and others acting on their behalf from all claims, demands, damages, rights of action, or causes of action present or future, or legal liability resulting from or arising out of being allowed to be near horses, receiving riding instruction and guidance, or any other equine services as delivered under this agreement.

4. I agree that Woodson Hill Equestrian Center, Kaitlin Salyer, and any assistants, insurers, representatives, heirs, family members, assigns, affiliated persons, and others acting on their behalf shall not be liable for any injuries or death that a horse may sustain as a result of undertaking any or all of these activities. By the execution of the Agreement and Liability Release, I agree to assume full responsibility for any injuries, losses, and/or damages that may occur to my horse, tack, or equipment.

5. Insurance. I represent that I am now, and will be at all times while near horses, or receiving riding instruction or guidance, covered by accident/medical insurance.

6. Health and Disabilities. I understand that certain disabilities have accompanying conditions that pose special physical risks to the participant during exercise. Horseback riding is exercise. I hereby certify that I, or my child, have no disabilities that would place us at risk while undertaking these activities.

## **Terms**

The camp accepts a maximum of 15 youths. Spaces will be filled on a first-come, first-served basis. Should you apply after the 15 spaces are filled, you will be added to a waitlist and you will be notified if there are cancellations. Should there not be enough participants, you will be notified by the Wednesday before the camp and your deposit will be returned.

I have read this entire Agreement and Liability Release and fully understand it. The information that I have provided in this Agreement and Liability Release is true and accurate.

## **Media Release**

Woodson Hill Equestrian Center has my permission to use my or my child's photograph publicly to promote riding lessons, camps, and the facility. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

## **Parent or Guardian Signature and Date:**

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Questions? Contact Kaitlin at [Salyer.Equine@gmail.com](mailto:Salyer.Equine@gmail.com) or 816-809-2311 (text or voice)