

# CASTLE ROCK ARABIANS

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**www.castlerockarabians.com**

## Birthday Party Riding Release Form

As a rider of a horse stabled at Castle Rock Arabians, home of Nancy DuPont, I agree that Nancy DuPont, her employees, agents and affiliates shall not be liable to any person or firm, including owner, for damages of any kind, including but not limited to damages to Owner from the loss of, injury to or death of a Horse, which arise out of or in connection with the boarding or training of the Horse, whether or not such damages are caused by fire, theft, the running away, behavior or act of the Horse, or any other cause and whether or not caused solely or partially by the negligence of Nancy DuPont, her employees, agents or affiliates, whether the Horse be on the premises or not. Owner shall indemnify, defend and hold harmless Nancy DuPont, her employees, agents and affiliates from all claims, demands, causes of action and liabilities which may be asserted for such damages referred to in the preceding sentence.

I further understand that riding a horse in the arena or on the trail can be hazardous. That trail riding involves being in remote areas for several hours and away from communications, transportation, and medical facilities; that these areas have natural and man-made hazards. **That horses can be excitable, difficult to control and unpredictable, and that accidents can happen to anyone at any time causing injury or even death. I agree to take full responsibility for myself** and the animal I am riding. I am fully covered by my own medical insurance and I will not sue Nancy DuPont, or any affiliates for any losses that I may incur. I will hold Nancy DuPont and affiliates and any other assistants blameless for any accident, injury, or loss that might occur due to my participation in any riding instruction, camp or trail ride, and free from all liability for such injury or loss.

I understand that a significant percentage of injuries that occur falling from a horse are to the head. I have been advised to wear a protective helmet while riding Castle Rock horses. Junior riders **MUST** wear helmets.

Signatures below constitutes acceptance of the above terms and conditions.

Name(Print) \_\_\_\_\_

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State CA \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_

**email** \_\_\_\_\_

My Medical Insurance Carrier is \_\_\_\_\_

**Signature** \_\_\_\_\_

**DATE:** \_\_\_\_\_ *(Must be filled in)*