



Crystalbrooke Farm
R.R. 6 Owen Sound, Ontario N4K 5N8
(519) 376-5134

RELEASE FORM – MARCH 2008

THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS AND LIABILITIES
PLEASE READ CAREFULLY
AGREEMENT FOR ACCEPTANCE OF RISK WAIVER OF LIABILITY

I request permission for myself/child to participate in horseback riding and other equestrian related activities organized and operated by Crystalbrooke Farm.

I fully understand that horseback riding, handling and grooming of horses and other stable activities can be dangerous.

I wish to participate or allow my child to participate knowing that they are dangerous.

I accept and assume all risks of injury (including death) to me/my child or my property.

In exchange for myself/child being permitted to participate in these activities, for myself, my heirs, guardians and legal representatives, I release and agree not to make or bring claim of any kind against Crystalbrooke Farm, or officials, employees, and representatives for any injury (including death) to me/my child or any damage to my property, arising out of me/my child's participation in horseback riding or related activities.

Signature of Parent/Guardian _____ Date _____

Print Name _____

Witness _____

Child's Name _____ Date of Birth _____

Address _____

_____ Postal Code _____

Phone (H) _____ Phone (W) _____

Phone (C) _____ Email _____

Relevant Health Information _____

