



Therapeutic Equestrian Center



Equine Activity Participation Waiver for Stockbridge II, Inc.

If over 18 yrs old:

In consideration of the opportunity afforded me, _____, to participate in equine activities including, but not limited to the specific activity of horseback riding, and in recognition of the possible danger to which I may voluntarily subject myself in such activities, I hereby knowingly, freely, and voluntarily waive any right or cause of action, of any kind whatsoever, arising as a result of such activity from which any liability may or could accrue to Leon E. Barber, Jr., Debra L. Barber and Stockbridge II, Inc., or the agents of any of them.

Signed this _____ day of _____, 20_____.

Written Name of Participant or Legal Guardian

Signature of Participant or Legal Guardian

Witness Name

Witness Signature

Witness Name

Witness Signature

If under 18 yrs of age:

In consideration of the opportunity afforded my minor child, _____, to participate in equine activities including, but not limited to the specific activity of horseback riding, and in recognition of the possible danger to which I may voluntarily subject my said minor child in such activities, I, individually, and on behalf of my said minor child, hereby knowingly, freely, and voluntarily waive any right or cause of action, of any kind whatsoever, arising as a result of such activity from which any liability may or could accrue to Leon E. Barber, Jr., Debra L. Barber and Stockbridge II, Inc., or the agents of any of them.

Signed this _____ day of _____, 20_____.

Written Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Witness Name

Witness Signature

Witness Name

Witness Signature