

**Sacramento Riding School**  
&  
**Alicia Swinton Eventing**  
**RELEASE and WAIVER OF LIABILITY**

Alicia Swinton owner of Sacramento Riding School/Alicia Swinton Eventing  
707-758-3056

**NOTICE TO VISITOR/VOLUNTEER/PARTICIPANT/STUDENT WORKERS/ASSISTANTS/ INSTRUCTORS (BOARDERS/RIDERS/STUDENTS), HEREON AFTER I and GUARDIAN, (If applicable), *MUST READ THIS ENTIRE DOCUMENT AND INITIAL EACH PARAGRAPH BEFORE SIGNING IT. BY SIGNING THE DOCUMENT AGREE TO ALL ITS TERMS AND CONDITIONS...***

1. Visitors/Volunteers/Participants/Boarders/Riders under the age of 18 years and their parent/ legal guardian must read the entire *Sacramento Riding School's Release and waiver of liability (SRS form)*. After reading, Parent or legal Guardian of Minor involved must agree to the terms of this waver by signing their signature and initial in designated areas on *Sacramento's Riding School and Alicia Swinton Eventing* release and waver of liability(SRS form),

I \_\_\_\_\_(Visitor/Volunteer/Helper/Participant/Boarder/Rider/ Parent/Guardian hereon after I), ACKNOWLEDGE that in order to participate in Sacramento Riding School/*Alicia Swinton Eventing*, I must follow all written and verbal terms and rules listed in all SRS form(s), as well as on the premises, 4252 Mason Lane, Sacramento, Ca 95821.

\_\_\_\_\_ (Initial)                      \_\_\_\_\_(Guardian Initial)

I \_\_\_\_\_, fully understand, acknowledge, and appreciate the risk of injury involved with horses and in participating as a Visitor/Volunteer/Groom/Rider/Helper at/for Sacramento Riding School. I also agree to exercise common sense, respect, and FOLLOW instructions and/or commands given to me by Alicia Swinton (SRS owner/instructor/trainer), and I agree to ALWAYS ASK QUESTIONS if I do NOT understand any instructions/commands I am given to insure my safety, and the safety of all students/horses/fellow peers at SRS...

\_\_\_\_\_ (initial)                      \_\_\_\_\_(Guardian Initial)

I ACKNOWLEDGE that mounted and un-mounted equestrian activities, including but not limited to: working with a horse, grooming, feeding, caretaking, riding a horse, driving or riding in a cart drawn by a horse, riding, and other mounted and un-mounted

equestrian activities, AND ANY ACTIVITIES THAT INVOLVE BEING AROUND/HANDLING/RIDING HORSES are INHERENTLY DANGEROUS ACTIVITIES, which involve a risk of injury, accidents, illnesses or even death. I ACKNOWLEDGE that I may sustain any of the listed injuries/illnesses. I EXPRESSLY ASSUME ALL KNOWN /UNKNOWN RISKS involved in such activities when working with horses at Sacramento Riding School/Alicia Swinton Eventing and choose to PARTICIPATE AT MY OWN RISK.

\_\_\_\_\_ (initial)                      \_\_\_\_\_(Guardian Initial)

I ACKNOWLEDGE that due to the nature of equestrian activities, accidents can and do occur, even if the utmost care and safety is exercised. I hereby, EXPRESSLY WAIVE, RELEASE, AND FOREVER DISCHARGE Sacramento Riding School/Alicia Swinton Eventing (and its Instructors, Volunteers, Helpers, Assistants, Agents, Employees, Sponsors, and Affiliates, from ANY AND ALL LIABILITY, CLAIM, LOSS, DAMAGE, COST, OR EXPENSE arising from, or attributable in any legal way to, ANY NEGLIGENT ACT OR OMISSION on the part of any such person or organization.

\_\_\_\_\_ (initial)                      \_\_\_\_\_(Guardian Initial)

I ACKNOWLEDGE that I have carefully read this waiver and release, and that I fully understand that it is a RELEASE OF LIABILITY. I also ACKNOWLEDGE that I am waiving any and all rights that I may have to bring a lawsuit in which I could assert claim against Sacramento Riding School /Alicia Swinton eventing and any of its affiliates, including but not limited to owner/operator, Alicia Swinton, and all affiliates hired by Alicia Swinton involved in Sacramento Riding School/Alicia Swinton Eventing and all the other persons mentioned for any damages caused by negligence of the aforementioned parties. I hereby consent to the terms of this waiver.

Student Signature: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

DATE: \_\_\_\_\_

**Visitors/Volunteers/Participants/Boarders/Riders under the age of 18 years,** I ACKNOWLEDGE that I have carefully read this waiver and release on behalf of my child or ward, and that I fully understand that it is a RELEASE OF LIABILITY. I ACKNOWLEDGE that I am waiving any and all rights that I have to bring a lawsuit in which I could assert claim against Sacramento Riding School, Alicia Swinton Eventing,

Alicia Swinton, and all the other persons mentioned for any damages caused by the negligence of the aforementioned parties. Parents or guardians of Visitors/Volunteers/Participants/Boarders/Riders will reimburse Sacramento Riding School/AB for defense costs and any judgment associated with any subsequent lawsuit. I hereby consent to the terms of this waiver and allow my child or ward to participate as a visitor/volunteer/participant/boarder/rider at Sacramento Riding School/Alicia Swinton Eventing.

Signature: \_\_\_\_\_

DATE: \_\_\_\_\_

(Parent/Legal Guardian Signature if visitor/volunteer/participant is under 18 years of age)

\*Would you like us to contact you by phone/email about our future camps? Please check all that apply:

\_\_\_\_\_ :Spring \_\_\_\_\_ :Summer \_\_\_\_\_ :Fall \_\_\_\_\_ :Winter

**\*\*\*CANCELATION POLICY-** No Call/No Show- FULL charge of lesson cost. NO EXCEPTIONS!

\*\*Less than 24 hours notice to cancel lesson- May be charged up to full price of lesson scheduled (up to discretion of Alicia Swinton-owner of SRS/Alicia Swinton Eventing)

\*\*\*When signed up for events/home/away shows/cross country practice/any trailer outings and cancel at anytime after signing up, you can be charged up to total fee of event/home or away show/cross country practice/any trailer outings (including trailering fee, and coaching fee) UP to discretion of Owner/Trainer Alicia Swinton (Owner of SRS/Alicia Swinton Eventing)

Signature: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**\*For cancelation policy- Your card will only be charged if you violate the cancelation policy-**

Credit card number: \_\_\_\_\_

Expiration: \_\_\_\_\_

3 digit code: \_\_\_\_\_

Zip Code: \_\_\_\_\_