

**THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS AND LIABILITIES**

**PLEASE READ CAREFULLY**

**AGREEMENT FOR ACCEPTANCE OF RISK AND WAIVER OF LIABILITY FOR A MINOR CHILD**

I REQUEST PERMISSION FOR MY CHILD \_\_\_\_\_  
TO PARTICIPATE IN HORSEBACK RIDING AND OTHER EQUESTRIAN  
RELATED ACTIVITIES AT OR IN Kennedy Stables  
\_\_\_\_\_.

I FULLY UNDERSTAND THAT HORSEBACK RIDING, HANDLING AND GROOMING OF HORSES AND OTHER STABLE ACTIVITIES ARE VERY DANGEROUS. I WISH TO ALLOW MY CHILD TO PARTICIPATE IN THESE ACTIVITIES KNOWING THAT THEY ARE DANGEROUS.

I ACCEPT AND ASSUME ALL RISK OF INJURY (INCLUDING DEATH) TO MY CHILD OR MY PROPERTY. I REPRESENT AND WARRANT THAT I HAVE AUTHORITY TO GIVE THIS RELEASE.

IN EXCHANGE FOR MY CHILD BEING PERMITTED TO PARTICIPATE IN THESE ACTIVITIES, FOR MY CHILD, MYSELF, MY CHILD'S HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES, I RELEASE AND AGREE NOT TO MAKE ANY CLAIMS OF ANY KIND AGAINST Kennedy Stables, \_\_\_\_\_ OR OFFICIALS, SERVANTS, EMPLOYEES, REPRESENTATIVES, OFFICERS, AND DIRECTORS FOR ANY INJURY (INCLUDING DEATH), TO MY CHILD OR ANY DAMAGE TO MY PROPERTY, ARISING OUT OF MY CHILD'S PARTICIPATION IN THESE DANGEROUS HORSEBACK RIDING OR RELATED ACTIVITIES.

I ACKNOWLEDGE AS PARENT/GUARDIAN OF \_\_\_\_\_  
THAT I HAVE READ AND FULLY UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS STATED HEREIN AND THAT IT IS BINDING UPON MY EXECUTORS, HEIRS AND ASSIGNS.

DATED: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ CHILD'S NAME: \_\_\_\_\_

WITNESS: \_\_\_\_\_