

Relationship to Parent:

WAIVER SUMMER CAMP @ KINGS MEADOW This document will affect your legal rights and liabilities

AGREEMENT FOR ACCEPTANCE OF RISK

I,, request permissic other equestrian related activities at KINGS MEAI	on to have my DOW Equestri	child(re an Cen	n) partic tre Inc. c	ipate during	in horsebac summer ca	k riding mp.	, activities, and all
Name of participant(s): 1.	2						please print
Please indicate previous riding experience: 1 2 3 4 NONE Prev. attendo	\$ 5 ded camp	6	7	8	9 EXCELLENT	10	
I, fully understand that horseback riding, handling	and grooming	of hors	ses and	other	stable activi	ities are	very dangerous.
I wish my child(ren) to participate in these activities participating in this high-risk sport, it is mandatory supplied by Kings Meadow) with a fixed harness of a minimum of 3/4" heel. Rubber boots with a heel safe at any height, and will not be allowed.	that my child(while mounted	(ren) mu I. I also	ıst wear underst	an ap and th	oproved AS and my child	ΓM/BSI (ren) mι	helmet (can be ust wear boots with
I understand that without proper helmet, boots an allowed to participate in any horseback riding class I accept and assume all risks of injury (including or	sses and hand	ling of h	orses d	uring	camp.	ticipants	s will NOT be
In exchange for being permitted to participate in the release and agree not to make or bring any claim servants, employees, representatives, officers and property, arising out of my participation in these descriptions.	of any kind ag d directors for	gainst K any inju	INGS M ıry (inclu	EAD(OW Equestri death) to me	ian Cent e or any	tre Inc., or officials,
By signing this waiver, I fully understand and agree	ee to its conte	nt.					
Dated:	, 2024						
Signature:	_						
Print Name:	_						
Witness:	-						