

RIDING INSTRUCTION AGREEMENT AND LIABILITY RELEASE

**It is hereby agreed to as follows:**

1. That I, the undersigned, do for myself or on behalf of my child or legal ward, hereby voluntary request to participate in riding instruction as a student at Brighton Meadows Equestrian Center (BMEC) at 4565 S. 1500 E. , and that student will either ride his or her own horse, or school horses provided by BMEC for instructional purpose.
2. That parent or guardian and student understand that horses are unpredictable by nature; that when frightened, angry or understress, a horse's natural instincts are to jump forward or sideways, to run away from danger at a trot or gallop, to kick, to buck, to rear up in front, or to bite; that horses are extremely powerful;and that if a rider falls to the round, the fall distance will be generally from 31/2 to 51/2 feet. I understand these risks, and i voluntaril assume this risks and dangers.
3. That parent or guardian and student understnads that upon munting the horse and taking up the reins the student is in primary control of the horse and that BMEC is not responsible for the results of the student's actions or inactions. The student urther agrees to not abuse, misuse, or deliberately agitate the horse as these aactions may result in increased risk to himself and others.
4. That I have been advised that students should purchase and wear a helmet or hard hat and to wear it in and around BMEC so as to prevent horse related injuries.
5. **LIABILITY RELEASE:** That I understand that, except in the event of BMEC's wanton and willful negligence, I am responsible for bodily injury or property damage which I or my child or legal ward should sustain on BMEC's premises and/or trail rides, or similar expeditions, and for anytime I or my child or legal ward, shall lose from employment or school or other activity, and for medical expenses or any other expenses incurred because ofsuch bodily injury or property damage; and that I hereby, for myself, my heirs, adminstrators and assigns release and discharge the owners, operators, and sponsors of BMEC and their respective servants, agents, officers and all other participants of and from all claims, demands, actions and causes of actions for such injuries sustained to my person, or that of my child or legal charge and/or property.
6. That the student is currently covered by accident-medical insurance and will remain insured for the duration of all riding instruction at BMEC.

Name of insurance company \_\_\_\_\_

Policy Number \_\_\_\_\_

That I further understnad that should medical emergency reatment be required, the current insurance information here listed will be provided to the attending clinic or hospital to cover future payment of incurred bills.

7. That this agreement is entered into in the state of Utah and will be interpreted and enforced under the laws of this state.
8. Upon the signing of this agreement, student acknowledges that he/she has read and agrees to be bound to BMEC's rules.

**I, THE UNDERSIGNED, BEING OF LEGAL AGE AND OF SOUND MIND AND NOT BEING UNDER THE INFLUENCE OF ALCOHOL, DRUGS, OR INTOXICANTS, HAVE READ AND UNDERSTNAD THE FOREGOING AGREEMENT AND RELEASE.**

**FULL NAME(S) OF STUDENT RIDER(S) IF UNDERAGE OR UNDER GUARDIANSHIP:**

1. \_\_\_\_\_ AGE: \_\_\_\_\_

2. \_\_\_\_\_ AGE: \_\_\_\_\_

3. \_\_\_\_\_ AGE: \_\_\_\_\_

List any allergies, ailments or handicap a student may have, and of which BMEC should be aware.

Please indicate any physical or other health conditions that might influence the student's ability or well being.

You may e-mail us at [brighton@redrock.net](mailto:brighton@redrock.net) with any questions or concerns.

**PARENT OR  
GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE OF  
RIDER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(If of legal age and not under guardianship)

Full Address: \_\_\_\_\_ zip code \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Other phone: \_\_\_\_\_