



**Trail Ride  
RELEASE FORM**

Rider's Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ DOB: \_\_\_\_\_

This is an agreement between \_\_\_\_\_ and Saddlebrook Ranch LLC, its instructors, managers, etc.

Print name of rider (*and, if a minor, that of the parent or guardian*):

Rider Name: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_ Relationship to rider: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Hm: ( ) \_\_\_\_\_ Wk: ( ) \_\_\_\_\_

Pager: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Other: ( ) \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Contact #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Hm: ( ) \_\_\_\_\_ Wk: ( ) \_\_\_\_\_ Other: ( ) \_\_\_\_\_

Contact #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Hm: ( ) \_\_\_\_\_ Wk: ( ) \_\_\_\_\_ Other: ( ) \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Special Medical Needs (e.g. allergic to any medications, diabetic, special instructions for the attending physician): \_\_\_\_\_

Emergency Care Authorization Signature: \_\_\_\_\_

I understand that horseback riding is a high risk sport. I hereby release and hold harmless the instructors, trainers, employees, and owners of Saddlebrook Ranch LLC from all liability from accidents, damage, injury, or illness to horses, owners' employees, attendants, spectators, or any other persons or property. **WARNING:** Under Texas law (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for an injury or the death of a participant in equine activities resulting from the inherent risks of equine activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Witness: \_\_\_\_\_