

EQUI-BEST EQUESTRIAN CENTER

82136 HWY 437
Covington, Louisiana 70435
985-893-4500

Rider's Name: _____

Full Address: _____

Phone: _____ Cell Phone: _____

Email: _____

Insurance Carrier & Number: _____

Date of Birth: _____

Parent's Name: _____

Full Address: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Email: _____

Release and Hold Harmless Agreement Form

Whereas, the UNDERSIGNED acknowledges the inherent risks involved in riding and working around horses, which risks include bodily injury from using, riding, or being in close proximity to horses, among other risks, and further, that both horse and rider can be injured in normal use in competition or schooling.

IN CONSIDERATION, therefore, for the privileged of riding and/ or working around horses at Equi-Best Equestrian Center, the undersigned does hereby agree to hold harmless and indemnity Equi-Best Equestrian Center, and hereby further release them from any liability or responsibility for accident, damage, injury, or illness to the Undersigned or any horse owned by the Undersigned or any family member or spectator accompanying the Undersigned on the premises of Equi-Best Equestrian Center.

Warning: UNDER LOUISIANA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO R.S. 9:2795.1

I further acknowledge and accept the provisions of the Louisiana Equine Activities Liability Protection Act which protects equine activity sponsors or professionals from any liability for any injury to and death of a participant in equine activities resulting from the inherent risk of equine activities.

Student: _____ Date: _____

Parent/ Guardian: _____ Date: _____