

P.O. Box 872032 Wasilla, AK 99687 Phone (907) 373-7716

Email: info@stridealaska.org

RELEASE BY PARENT OR GUARDIAN IF MINOR INVOLVED

PLEASE READ CAREFULLY – THIS LIMITS OUR LIABILITY

Ι,	, hereby grant him/l		parent or to participate	legal guar	
therapeutic horseback riding (STRIDE) at the Ridge. As u Russell Roetman and the propand officers of Southcentral providing services on behalf any reference to "my child" consideration of STRIDE account addition to riding, such account maintaining equipment, and freely and voluntarily chosen understand that execution of	g and related activities of sed in this release the terro- perty/premises where the Therapeutic Riding, In of the corporation, with refers to my son, daug tepting my child as a rider tivities may include activities may include activities to the generated allow my child to par	m the Ridge ref activities take p c., as well as n or without co ther, or ward, r/volunteer in the ve participation al care and well ticipate in STR	Southcentral fers to Kristin place. "STRII the corporation ompensation. as appropriate herapeutic ride in the groom lare of the house activities.	Therapeutic Ri Vernola, David DE" refers to the on itself and a As used in thite. I sign this I ling and related ning or tacking orses and facilit	iding, Inc. d Vernola, e directors ny person s Release, Release in activities. of horses, ies. I have
	(Initials indicate I ha	ve read the fore	egoing paragr	raph)	
I understand that the of sufficient seriousness to c broken bones, lacerations, o musculoskeletal system. Suc falls from horseback, horses I also recognize that STRIDI on the premises of the Ridg creates a risk of injury to my	r other injuries to bone h injuries can result from kicking or biting, or one and the Ridge lack the e are free from rocks, s	rological damages, joints, ligament occurrences, or more horses resources to as	ge, paralysis, nents, muscles which include stepping on of sure that its ri	injury to intern s or other aspe le, but are not le r colliding with dding arena or co	nal organs, ects of the limited to, my child. other areas
	(Initials indicate I ha	ve read the fore	egoing paragr	aph)	
I am also aware of the the premises of the Ridge, a engaged in activities on the F as bites and scratches, which injuries of sufficient severity	Ridge premises. I underst could take the form of lac	nevitably come and that, as a recertions or pur	e in contact w esult, he/she f ncture wounds	rith these create faces a risk of in s or, in unusual	ures when njury such
	(Initials indicate I ha	ve read the fore	egoing paragr	aph)	

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I grant my child permission to participate in the horse and pony related activities described in the
rst paragraph of this release with full knowledge of the risks of death or injury described above. I agree
nat, in the event my child suffers an injury arising out of, or connected with, the activities described in the
rst paragraph of this release, I will not sue or otherwise make any claim or demand for compensatory or unitive damages against STRIDE or the Ridge; and will hold STRIDE and the Ridge harmless from any
untive damages against STRIDE or the Ridge; and will hold STRIDE and the Ridge narmless from any ich suit, demand, or claim.
ion suit, demand, or claim.
(Initials indicate I have read the foregoing paragraph)
I
I agree to indemnify, defend, and hold harmless STRIDE and the Ridge from any suit, demand, or aim asserted by or on behalf of a third person arising out of, or connected with, my conduct or the conduct
f my son/daughter/ward on the premises of the Ridge.
iny son/adagneen ward on the premises of the reage.
(Initials indicate I have read the foregoing paragraph)
I HAVE READ THIS RELEASE AND FULLY UNDERSTAND IT IS A BINDING LEGAL
OCUMENT. IT IS MY INTENTION THAT THIS DOCUMENT BE BINDING AND ACT AS A
ELEASE ON BEHALF OF ME, AND ANY SUCCESSORS, HEIRS, ASSIGNS, AND PERSONAL
EPRESENTATIVES.
ated: Signature:
elationship to rider:

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