



RELEASE OF LIABILITY

I understand and am fully cognizant of all expressed or implied risk(s) and/or exposures to bodily injury, animal injury, personal property damage, and real property damage arising out of either my participation in activities or my presence while riding and/or boarding equines at the Azevedo Ranch 337 Ricardo Drive, Aromas, CA 95004.

I hereby release, waive, and hold harmless Todd Azevedo from all expressed or implied liability and from every and all claim(s) for damages and injury sustained by me or my property now and any time hereafter arising out of my participation in riding lessons, training of horses, seminar or clinic participation, or by my presence during any activity; whether caused or not by any negligence.

In the event I (or my child) am deemed to be in need of medical treatment, I hereby (circle) give / do not give my consent to Todd Azevedo, or appointee(s), to obtain all necessary and advisable medical treatment, including dental and orthodontic. I further agree to assume full and final responsibility for payment of all charges arising out of such medical treatment and agree to assume full and final responsibility for payment of all charges arising out of such medical treatment and agree to waive and hold harmless Todd Azevedo – Azevedo Ranch from same. Todd Azevedo and/or his appointee, agree to contact my preferred Physician.

Preferred Physician: _____

Located At: _____

Telephone Number: _____

Insurance Company/Policy #: _____

In the event my physician cannot be reached, I authorize Todd Azevedo, or his appointee to contact a physician of their choice.

The equestrian named has the following allergies, physical handicap or is taking the following medications.

Signing the Release of Liability Form constitutes my full acceptance of all terms and conditions contained herein.

Please write out in full: *"I have read, understand and have signed this agreement"*

Name – Please Print

Birth Date

Date Signed

Signature: _____ Phone number: _____

Address: _____

Emergency Contact: _____ Phone: _____