

**Fieldstone Riding Club**  
**Southern California Riding Club and Equestrian Center, Inc.**  
**3678 Sunset Valley Road, Moorpark, CA 93021**  
**and**  
**3566 Sunset Valley Road, Moorpark, CA 93021**

**RELEASE OF LIABILITY**

**Please Print**

Student \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Parent/adult email \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_

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

Family Physician \_\_\_\_\_ Telephone \_\_\_\_\_

**RELEASE - PLEASE READ CAREFULLY**

I understand and acknowledge that horseback riding and other equestrian activities, whether for purposes of pleasure, training or competition, are inherently dangerous activities that could result in injury to the rider or the horse and damage to the riding equipment. I understand and acknowledge that horses are unpredictable animals and that tack and equipment used for horseback riding can fail without warning. With full knowledge of these facts, I am knowingly and voluntarily engaging in horseback riding and other equestrian activities, and I am knowingly and voluntarily placing myself in the vicinity of horses at Fieldstone Riding Club, on the premises of:

Southern California Riding Club located at:  
3566 Sunset Valley Road, Moorpark, California 93021 and  
3678 Sunset Valley Road, Moorpark, California 93021  
Owned and operated by Sunset Valley Ranch, LLC.

I hereby knowingly and voluntarily agree to assume all risk, liability and responsibility for any and all injuries that I may sustain related to my participation in horseback riding and other equestrian activities at Fieldstone Riding Club and Southern California Riding Club.

Furthermore, I knowingly and voluntarily agree to hold harmless and forever release and discharge Fieldstone Riding Club, Mark and Michelle Pacyna, Southern California Riding Club, Mark or Deborah Cassar, and any teachers, counselors, trainers, or employees of Fieldstone Riding Club and Southern California Riding Club any of their successors, heirs, assigns and insurers, from any and all damages, liabilities, claims, demands, or causes of action for any injury to my person or damage to my property

arising from or related to my participation in horseback riding and other equestrian activities at Fieldstone Riding Club and Southern California Riding Club.

I hereby agree and represent that I intend this Release to be a full and complete Release of any and all claims that I may have by reason of engaging in horseback riding and other equestrian activities at Fieldstone Riding Club and Southern California Riding Club and in executing this Release, I intend to and hereby release and discharge said persons, entities, firms and associations from any and all liability of any nature whatsoever, including any and all damages, demands, claims, or causes of action, whether the same are currently known or unknown, expected or unexpected, or have already appeared or developed, or may be latent, or may in the future appear or develop.

In the event that any claim, demand, or legal action of any nature should be initiated against Fieldstone Riding Club, Mark and Michelle Pacyna, Southern California Riding Club, Mark or Deborah Cassar, or any teachers, counselors, trainers, or employees of Fieldstone Riding Club and Southern California Riding Club or against any of their successors, heirs, assigns or insurers arising from my participation in horseback riding and other equestrian activities, I agree to indemnify, defend and hold Fieldstone Riding Club, Southern California Riding Club, and any teachers, counselors, trainers, and employees of Fieldstone Riding Club and Southern California Riding Club, and any of their successors, heirs, assigns and insurers, harmless against any such claim, demand or legal action, including the expenses of investigations, Attorney's fees, and Court costs.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent or Guardian (If student is under age 18)

I hereby consent to any X-ray examination, anesthetic, medical or surgical diagnosis, procedure or treatment and any hospital service that may be rendered to me under the general or specific instructions of any physician or hospital. I understand that this consent is given in advance of any specific diagnosis, procedure or treatment which may be required, but such consent is provided in advance to encourage any treating physician and relevant hospital staff to exercise their best judgment as to the requirements of such medical diagnosis, procedure or treatment. The undersigned shall pay all fees for physicians, hospitals, ambulances and other medical charges reasonable and necessarily incurred.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Student \_\_\_\_\_

Signature of Parent (If student is under age 18) \_\_\_\_\_