

RELEASE FROM LIABILITY

I hereby release Highland Stables, Highland Stables Management, Highland Stables employees, Gregory G Gill, and Margaret E Gill, or any other professional trainer and or independent contractor, operating out of any Highland Stables facilities, from all liability due to accident or injury from the riding / driving of a school horse, or personally owned horse / and or use of stable equipment during supervised schooling sessions. I further understand that even being in the close proximity of a horse may put my children or myself in jeopardy of being seriously injured and hereby release all those associated with Highland Stables from liability. I sign this release knowing that the riding of horses is considered to be a dangerous sport, and that most individuals involved in riding, showing, or just being in the close proximity of horses are frequently seriously injured and most all individuals involved in sports are injured at one time or another. I have inspected the facilities and find that reasonable care has been taken to avoid any unsafe conditions with regard to the stable area, tack storage area, riding area, stable equipment, and general grounds, and hereby accept the liability of any injury to myself or my horse. I fully understand that it is impossible for the Highland Stables management, employees, or any other professional trainers, independent contractors, or the owners, Margaret and Gregory Gill, to supervise the actions of my guest(s) and accept all liability for their injury, should the fault be that of my guest(s), professional trainers, independent contractors, Gregory or Margaret Gill. I further understand that I am not allowed to use the jumping equipment unless a Stable employee is present.

I hereby give my consent for medical care should an injury occur in which medical attention is needed in the judgment of the Stable management.

INDIVIDUAL USING THE FACILITY

Name: _____
Address: _____
City, State, Zip: _____
work ph: (_____) - _____ home ph: (_____) - _____

I have read & understood the above and agree to the conditions listed.

Signature: _____ Date: ____/____/____

Signature of a **Parent** or **Guardian** is required if the individual using the facility is a minor.

Signature: _____ Date: ____/____/____
Parent or Guardian

In the event of an emergency, please notify:

Name: _____ Relationship: _____
work ph: (_____) - _____ home ph: (_____) - _____

PAYMENT OF LESSONS: Lessons must be scheduled and paid for in advance on the first of the month.

CANCELLATION POLICY: 48hr cancellation notice is required in order to reschedule make-up lesson. **No refund** is available for cancellations of less than 48hrs.

Margaret Gill	503.632.4740	hm	Martine Baccellieri	503.772.5165	hm	Peggy Adams	503.632.2336	hm
	503.887.5143	cell		503.780.0548	cell		503.329.0067	cell