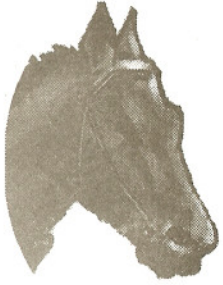
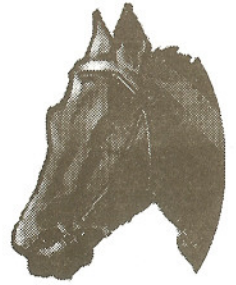


WARNING! Under Ga. Law, an equine activity sponsor or equine activity professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 12 of Title 4 of the official code of Ga. annotated.



Linda's Riding School, Inc.

*3475 Daniels Bridge Road
Conyers, GA 30094*



Agreement - Horse Riding and Instruction

For and in consideration of the providing of facilities, instruction and use of horses by Linda's Riding School, Inc., I hereby understand and agree as follows:

- A. I understand fully that the riding of horses entails a risk of injury ordinarily associated with such activity, and being fully knowledgeable as to such risk, am willing, nevertheless, to engage in this activity with Linda's Riding School, Inc.
- B. I agree and understand that the officers, instructors, and other personnel associated with said school shall not be held liable and shall be held blameless for any accidents, injuries or damages incurred by me while trail riding and receiving instruction, and that I am assuming all risk involved while engaged in this activity.
- C. I agree to observe - without exception - the following rules and regulations:
 - 1. While riding in line, not to run out of line to pass other riders or the guides.
 - 2. Understand that horses when bunched together will tend to become unruly or unmanageable, to keep a full horse length apart from other horses at all times.
 - 3. Not to smoke or consume alcoholic beverages at any time while on the premises or while riding.
 - 4. Not to dismount my horse. If something is dropped to request assistance from a guide.

I have read and fully understand all the foregoing provisions and agree to abide by each, this _____ Day of _____, 20_____.

Sign & Print Name: _____ / _____
_____ / _____

As Parent / Legal Guardian of: _____

I Request a Helmet

I Refuse to wear a Helmet

Sign: _____ Sign: _____

*If you would like to be on our mailing list, please include your address & zip code below:

Staff use only: Time: _____ - _____ Total # in Party _____

Amt. Paid \$ _____ Cash / Check # _____