

Warning

Under Texas Law

(Chapter 87, Civil Practice and Remedies Code),

A Farm Animal Professional is not liable for an injury to or the death of a Participant in equine activities resulting from the inherent risks of Farm Animal Activities.

Print Child's name _____ Birthdate _____

We as parents of the above name child hereby grant permission to participate in Pony Rides at the Ride With Pride Horsemanship School and acknowledge the fact that my child is physically able to participate. The undersigned hereby releases the Ride With Pride, Inc. Horsemanship School, Doreen Bruton, and any volunteers or staff from any and all claims, demands, and causes of action whatsoever in any way growing out of or resulting from the participation of a pony ride. By signing below you will allow photographs to be taken of your child that may be used on ride with pride's website or facebook page.

I acknowledge that horses, equines, other farm animals, and other participants are capable of carrying and/or spreading infectious and/or contagious bacteria, viruses, and/or other communicable diseases, including but not limited to coronaviruses and/or COVID-19, that RWP has no care or control over. I understand that RWP will not be responsible if I, or my child and/or legal ward if applicable, become sick and/or ill due to any bacterial, viral, or other communicable disease infection, including but not limited to any coronaviruses and/or COVID-19. I further understand that I will not hold RWP responsible for any preventative measures taken or not taken to minimize the spread of such bacteria, viruses, and/or other communicable diseases. I understand I am solely responsible for taking measures to prevent myself, or my child's and/or legal ward if applicable, from becoming sick and/or ill while on RWP property. I expressly assume any risk, whether currently known or unknown, of becoming sick and/or ill that may or may not be caused due to participating in the activities and services that RWP has provided me or my child and/or legal ward, if applicable.

Parent Signature _____ Date _____

Address _____ City/Zip _____

e-mail _____ Phone# _____