

# 2012 RELEASE FORM



**Wichita Riding Academy, Inc.**

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**Please fill all information out completely before signing.**

## WARNING

Under Kansas law, there is no liability for an injury to or the death of a participant in domestic animal activities resulting from the inherent risks of domestic animal activities, pursuant to sections 1 through 4, Chapter 290, 1994 Session Laws of Kansas. You are assuming the risk of participating in this domestic animal activity.

Inherent risks of domestic animal activities include, but shall not be limited to:

1. the propensity of a domestic animal to behave in ways i.e., running, bucking, biting, kicking, shying, stumbling, rearing, falling or stepping on, that may result in an injury, harm or death to persons around them;
2. the unpredictability of a domestic animal's reaction to such things as sound, sudden movement and unfamiliar objects, persons or other animals;
3. certain hazards such as surface and subsurface conditions;
4. collisions with other domestic animals or objects; and
5. the potential of a participant to act in a negligent manner that may contribute to injury to the participant of others, such as failing to maintain control over the domestic animal or not acting within such participant's ability.

## RELEASE-ASSUMPTION OF RISK

**PLEASE READ CAREFULLY AND FILL OUT COMPLETELY BEFORE SIGNING**

Student's Name \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian's Name (if under 18) \_\_\_\_\_ Home phone \_\_\_\_\_

Address \_\_\_\_\_ Work phone \_\_\_\_\_

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

E-mail \_\_\_\_\_ (Fill in e-mail address to receive WRA news updates)

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Alternate Contact \_\_\_\_\_ Phone \_\_\_\_\_

Student's Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

I acknowledge that there is the possibility of injury when riding or working with horses. I hereby release WICHITA RIDING ACADEMY, INC., its executives, owners, employees and all their heirs from any and all liability for any injuries that I may receive while preparing to ride; mounting; riding; dismounting; or returning the horse; and any other activities not enumerated, but which may pertain to my "riding" a horse and/or visiting WRA, Inc. This release is total and without reservation on my part.

I fully understand the danger of this activity and the possible harm which may result. I further understand that by signing this document that I am releasing my rights to seek recovery from the WICHITA RIDING ACADEMY, INC., its owners, executives, employees and their heirs. I also acknowledge that this total waiver shall operate to prevent my spouse, or my heirs from pursuing any such action arising out of this activity.

By signing this form, I acknowledge that I have read this form and understand it.

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_  
(Parent or Legal Guardian if student is under 18)

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_  
(We request both parents sign if student is under 18)