Franklin Canyon Stables
Vince Romeo – 925-323-0001
180 Dutra Road, Martinez, CA 94553

AGREEMENT AND RELEASE OF LIABILITY

I,_____hereby acknowledge that I have
Voluntarily applied to participate in equestrian activities at the premises of Franklin Canyon Stables.

I AM AWARE THAT HORSEBACK RIDING AND OTHER EQUESTRIAN ACTIVITIES ARE HAZARDOUS
ACTIVITIES, AND I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE
OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY
OR DEATH. PLEASE INITIAL_____

AS LAWFUL CONSIDERATION for being permitted by Franklin Canyon Stables to participate in these
Activities and use their facilities, I hereby agree that I, my heirs, distributes, guardians, legal
Representatives and assigns will not make a claim against, sue, attach the property of, or prosecute
Franklin Canyon Stables, Maria Romeo and/or Vincent Romeo for injury or damage resulting from
The negligence or other acts, whatsoever caused, by any employee, agent, contractor guest or patron
of Franklin Canyon Stable as a result of my participation in equestrian activities, In addition, I hereby
Release and discharge Franklin Canyon Stables, Maria Romeo and/or Vincent Romeo from all actions,
Claim or demands I, my heirs, distributees, guardians , legal representatives, or assigns now have or
May hereafter have for injury or damage resulting from my participation in equestrian activities.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS.
I AM AWARE THAT THIS RELEASE OF LIABILITY AND CONTRACT BETWEEN MYSELF AND
FRANKLIN CANYON STABLES, MARIA ROMEO AND/OR VINCENT ROMEO AND SIGN IT AT
MY OWN FREE WILL.

Date:_____

Owner of Horse:_____

Signature:_____

IF MINOR:

Parent or Legal Guardian MUST complete this Section-
I, the undersigned parent or guardian of the above child(ren), agree that the terms and conditions
Of this Release of Liability shall be binding as to damage or injury to my minor arising out of his/her
Participation. I acknowledge that I have read this Release of Liability and know and understand its
Contents.

Name; (printed)_____

Date:_____

Signature:_____

Phone:_____

Address:_____