



HIGH HOPES

High Hopes Therapeutic Riding, Inc.

Twenty-five Years of Changing Lives Through Therapeutic Riding

RELEASE FOR RIDING AT HIGH HOPES

Name of Rider: _____
Address: _____ City: _____
State: _____ Zip: _____ Phone: _____

For and in consideration of the use of High Hopes Therapeutic Riding, Inc. facilities, the benefits of the Association with High Hopes has remised, released, and forever discharged and by these presents do for his/her heirs, executors, and administrators and assigns, remise, release and forever discharge the said heirs, executors, administrators, successors and assigns of and from all manner of actions, causes of action, suits, debts, dues, sums of money, accounts, reckoning, bonds,, bill, specialties, covenants, contracts, controversies, agreements, promises, variances, trespasses, damages, judgments, extents, executions, claims and demands whatsoever, in law, in admiralty, or in equity, which he/she ever had, now has or which _____ (Rider's Name) heirs, executors, or administrators hereafter can, shall or may have against High Hopes for, upon or by reasons of any matter, cause or thing including but not limited to the negligence of these related parties from the beginning of the world to the day of the date of these presents.

This release may not be changed orally.

The undersigned acknowledges that he/she has read this Release For Riding at High Hopes in its entirety; that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof.

IN WITNESS WHEREOF, _____ (Rider's Name) has hereunto set his/her hand and seal this _____ day of _____.

Sealed and delivered in the presence of

Rider's Signature

Date

Signature of Parent/Guardian if rider is under 18 years of age

Date

Signature of High Hopes Representative

Title