STUDENT INFORMATION & RELEASE WAIVER

Name of Student:	
Address:	
Phone 1:	Phone 2:
Emergency Contact:	Phone:
Email:	
How did you hear about us?	
Please read the following paragraphs, and sign and date the Release Waiver below:	
WARNING: Under Texas Law (Chapter 87, Civil Practice And Remedies Code), An Equine 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.	
· · · · · · · · · · · · · · · · · · ·	OR MYSELF AND/OR ON BEHALF OF MY CHILD, SPOUSE, JNTARILY PARTICIPATE IN EQUINE ACTIVITIES.
	SE ACTIVITIES TOTALLY AT MY/OUR OWN RISK FOR E MAY INCUR IN RELATION TO THESE ACTIVITIES.
	E FOR ANY AND ALL COSTS INCURRED BY ME/US FOR WE MAY INCUR, AND FOR THE NEGLIGENT ACTS OF AND/OR LEGAL WARDS PRESENT.
AND FAMILY MEMBERS RELEASE AND AND RICHARD J. KULMACZ, AND THE PARTICIPANTS OF AND FROM ALL CORON AND ALL INJURIES SUSTAINED LEGAL CHARGE AND/OR PROPERTY.	MYSELF, MY HEIRS, ADMINISTRATORS AND ASSIGNS D DISCHARGE CARDINAL POINTS FARM, SIAN MIN THE EIR RESPECTIVE SERVANTS, AGENTS AND ALL OTHER LAIMS, DEMANDS, ACTIONS AND CAUSES OF ACTION TO MY PERSON OR THAT OF MY CHILD, SPOUSE OR I, THE UNDERSIGNED, BEING OF LEGAL AGE, HAVE TO THE FOREGOING AGREEMENT AND RELEASE.
Signature:	Date:

(Parent or legal guardian must sign if student is under 18)

Print Name: ___