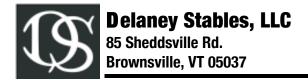


ASSUMPTION OF INHERENT RISK

I,, of	
I,, of	(City, State)
hereby represent to JILL DELANEY and DELANEY S	TABLES, LLC, that my child
is in good physical and mental condition, and is competen	t to ride horses. I understand
working with horses and riding horses is inherently dange	rous and that all horses can be
unpredictable, behaving in a manner inconsistent with prio	or habits and expectations.
I further acknowledge that under Vermont law an equine a	activity sponsor is not liable for
an injury to or the death of a participant in equine activitie	es resulting from the inherent
risks of those equine activities that are obvious and necess	sary, pursuant to 12 V.S.A.
\$1039, and I further acknowledge and accept those risks a	and agree to fully indemnify and
hold harmless JILL DELANEY, DELANEY STABLES	S, LLC and ALL
EMPLOYEES from any and all injuries or damages which	ch occur as a result of my child

participating in any equine activities as defined in §1039 title 12 Vermont Statutes Annotated.

Dated on	at		
(Today's Date)	(Current location)		
Signature of Legal guardian	Print name here		
Name of Student	Nickname	Aş	ge
Street address	Town	State	Zip Code
Phone number	Email address		



ASSUMPTION OF INHERENT RISK

I understand that working with horses and horse back riding can be dangerous. I give permission to Delaney Stables, LLC to use its judgment to send my child off for medical attention if the staff deems it necessary and the emergency contact person cannot be reached.

Signature of legal guardian	Date
Health Insurance Information	
Additional Information	
In case of emergency contact name	Emergency contact number
How did you hear about Delaney Stables? _	