Sorensen Equestrian Park LLC W1700 St Peters Road, East Troy, WI 53120 ~ 262-642-4111 ~ fax 262-642-9777 Sorensenpark.com ~ sorensenparkllc@aol.com

RIDING RELEASE GIRL SCOUTS	
Rider	_ Phone
Address	_ Age
City/Zip	_ Birth Date
E-mail	_
Parent/Guardian/Spouse	_ Work Phone
Family Physician	Dr. Phone
Dr. Address	_ Dr. City
death and by participating I expressly assume any and all risks of injury or loss, and agree to indemnify and hold <i>Sorensen Equestrian Park LLC</i> and its owners, shareholders, directors, officers, agents and employees harmless from and against all claims including for any injury or loss suffered during or in connection with activities initiated on the premises, whether or not such claim, injury or loss resulted, directly or indirectly from the negligent acts or omissions of said officials, directors, employees or agents of <i>Sorensen Equestrian Park LLC</i> . I also have the responsibility of advising all persons who accompany me onto the premises, or who come onto the premises at the instance or request of me, that such persons come at their own risk and shall advise such persons of the dangers. I expressly release <i>Sorensen Equestrian Park LLC</i> and its owners, shareholders, directors, officers, agents and employees from any liability. In the event I ride on other properties not related to <i>Sorensen Equestrian Park LLC</i> , I also agree to assume any and all risks of injury or loss, and agree to indemnify its owners, shareholders, directors, officers, agents and employees harmless from and against all claims	
including for any injury or loss suffered during or in connection with activities initiated on the premises, whether or not such claim, injury or loss resulted, directly or indirectly, from the negligent acts or omissions of said officials, directors, employees or agents of said properties.	
The undersigned, (parents of student, a minor if student or rider is under age 21), do hereby consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered (to said minor) under the general or specific instructions of any physician or hospital. It is understood that this consent is given in advance or any specific diagnosis or treatment which may be required, but is given to encourage the <i>Sorensen Equestrian Park LLC</i> staff, hospital staff and such physician to exercise their best judgment as to the requirements, of such diagnosis or treatment. The undersigned shall pay all fees for doctors, hospitals, ambulances and other medical charges responsible and necessarily incurred.	
"NOTICE: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in section 895.481 (1) (e) of the Wisconsin Statutes."	
My signature acknowledges that I have read, understand and agree to all of the above conditions	
Signature	Date