

**CHATFIELD STABLES** Inc.  
 11500 NORTH ROXBOROUGH PARK ROAD  
 LITTLETON, COLORADO 80125  
 303-933-3636

Stable use only: Date ____ / ____ / 2020 Group _____ Horse _____ Time Out _____ Time In _____ Guide _____ Guide _____
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**PARENTAL PERMISSION - LIABILITY RELEASE AND WAIVER**

**\*\* MUST BE FILLED OUT BY PARENT OR LEGAL GUARDIAN**

Please use **blue** ink and fill out **completely and correctly-to be accepted**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Experience Level \_\_\_\_\_ # Times Ridden \_\_\_\_\_  
*One name per form/please write legibly* *B-Beginner, I-Intermediate, E-Expert*  
 Address \_\_\_\_\_  
*Street (no PO Box)* *City* *State* *Zipcode*

Parent/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

In case of an emergency and parent or guardian is unavailable please call:

Name \_\_\_\_\_ Phone \_\_\_\_\_

If there are any special considerations, medical or other, which need to be taken, or we need to be aware of please specify: (If there are **none-write "none"**. \_\_\_\_\_)

I, \_\_\_\_\_, being the legal parent or guardian, hereby give permission  
 \*(parent or legal guardian)(full name)  
 for my minor child, \_\_\_\_\_, to participate in horseback riding activities  
 (child's full name)

or instruction at Chatfield Stables Inc.

**PLEASE READ-THIS IS A LIABILITY WAIVER**

**WARNING: Under Colorado Law, 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, pursuant to section 13-21-119, Colorado Revised Statutes.** Inherent risks may include but are not limited to a horse or horses: bolting, spooking, shying, running away, sudden change in direction, kicking, bucking, rearing, tripping, falling, stumbling, biting, nipping, head tossing, getting stepped on, or pushed over, trampled, saddle slippage, tack or equipment failure or breakage, falling off, bucked off, holes, foreseen or unforeseen ground conditions, any domestic animals or wildlife being a cause of the aforementioned, reactions to viral or bacteriological pathogens, allergens, or any other man made or natural causes etc....Therefore due to the inherent risks and dangers of riding horses, ponies, hayrides, or horsemanship in general, any person riding horses in connection with CHATFIELD STABLES Inc. does so AT THEIR OWN RISK and assumes all responsibility and releases CHATFIELD STABLES Inc. from any and all claims in case of accidents or injuries and for medical expenses against the stables or person, or persons, associated with the stables in general. The undersigned and their heirs hereby release CHATFIELD STABLES Inc., or person, or persons, associated with the stables in general from any and all claims arising directly or indirectly from any acts, neglect, or omission; and waive all rights to recovery, under subrogation or otherwise, and will indemnify and hold harmless CHATFIELD STABLES Inc. from any loss, damage, or expense (including Attorney fees) which may occur before, during, or after the course of the Horseback Riding activities. You, and your agents, representatives, assignees, heirs or anyone else hereby agree not to post anything on any and or all social media without the express written permission from Chatfield Stables Inc. If this provision is violated Chatfield Stables Inc. shall be entitled to injunctive and equitable relief (including damages for defamation and torturous interference in a business relationship; and consequential, and/or exemplary, and /or punitive damages, and/ or liquidated damages of ten thousand dollars or more, and other damages as allowed by statute. You hereby agree to follow directions of Chatfield Stables Inc. staff.

Riding Helmets are available for your use for a nominal fee. HELMETS MAY OFFER ADDED PROTECTION FROM HEAD INJURIES. Indicate below with your **initials** whether or not you wish your child to wear a riding helmet. Bicycle helmets are **not rated** for equestrian use.

**Yes**, I would like my child to wear a riding helmet \_\_\_\_\_ **Yes**, I will supply my child's own riding helmet \_\_\_\_\_  
 (initial) (initial)

**No**, I do not want my child to wear a riding helmet \_\_\_\_\_  
 (initial)

By signing this **Waiver** form you agree that you have read it and understand its full legal intent.

\_\_\_\_\_  
 Signature /Parent or Legal Guardian Date \_\_\_\_ / \_\_\_\_ /19, \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ /19  
 Signature/Witness( \_\_\_\_\_ )  
 Print name

**you** must be physically present when **you** witness- parent's signature