

Archway Equestrian Sports, LLC

**18669 NE 106th ST
Redmond, WA 98072**

**425-968-8829 Office
425-968-8349 Fax**

Groupon Enrollment Form

Name of Student: _____ Age _____ Height _____ Weight _____

Phone # () _____ Work/Cell Phone #: _____

Name of Parents: _____
If rider is a minor

Address: _____
City State Zip

Email Address: _____

What background do you have in riding? _____

RELEASE AND WAIVER LIABILITY FORM

The undersigned, in consideration of the use of the livestock, equipment, property or facility located at 18669 NE 106th St Redmond, WA 98072, agree as follows:

1. I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE **ARCHWAY EQUESTRIAN SPORTS, LLC** their respective directors, officers, agents, managers, members, employees, related entities, owners and representatives (collectively, "Releasees"), FROM ALL LIABILITY to me and/or my personal representatives, assigns, heirs, and next of kin, FOR ANY AND ALL LOSS OR DAMAGE AND ANY CLAIM OR DEMANDS THEREFOR, ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN DEATH OF THE UNDERSIGNED, arising out of or in connection with any activities involving any property or facilities of Releasees or any livestock, equipment, building, fixture, or other property located or maintained on the property of Releasees.

2. I acknowledge that THE ACTIVITIES INVOLVED WITH MY RELATIONSHIP WITH THE RELEASEES, INCLUDING WITHOUT LIMITATION ACTIVITIES THAT ARE EQUESTRIAN IN NATURE ARE INHERENTLY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. I ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE arising out of any activities involving and property of facilities or Releasees or any livestock, equipment, building, fixture, or other property located or maintained on the property of Releasees.

3. I agree that this Release and Waiver of Liability extends to all acts of negligence by the Releasees and is intended to be as broad and inclusive as is permitted by the laws of the State of Washington and that if any portion thereof is held invalid, it is agreed that the balance shall continue in full legal force and effect.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, GUARANTEE, OR ORAL REPRESENTATION BEING MADE TO ME, AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Signature of Student or Parent: _____ Date: _____
(Parent or guardian if student is under 18 years of age)

Print Name: _____