



**Delaney Stables, LLC**

85 Sheddsville Rd.  
Brownsville, VT 05037

802-484-3138

DelaneyStables@gmail.com

**ASSUMPTION OF INHERENT RISK**

I, \_\_\_\_\_, of \_\_\_\_\_  
(Legal Name) (City, State)

hereby represent to **JILL DELANEY** and **DELANEY STABLES, LLC**, that my child is in good physical and mental condition, and is competent to ride horses. I understand working with horses and riding horses is inherently dangerous and that all horses can be unpredictable, behaving in a manner inconsistent with prior habits and expectations.

I further acknowledge that under Vermont law an equine activity sponsor is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of those equine activities that are obvious and necessary, pursuant to 12 V.S.A.

§1039, and I further acknowledge and accept those risks and agree to fully indemnify and hold harmless **JILL DELANEY, DELANEY STABLES, LLC** and **ALL**

**EMPLOYEES** from any and all injuries or damages which 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 Age

\_\_\_\_\_  
Street address Town State Zip Code

\_\_\_\_\_  
Phone number Email address



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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

\_\_\_\_\_  
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\_\_\_\_\_

Additional Information

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\_\_\_\_\_  
In case of emergency contact name

\_\_\_\_\_  
Emergency contact number

How did you hear about Delaney Stables? \_\_\_\_\_