

**WAIVER OF LIABILITY
MISTY RIVER EQUESTRIAN CENTER**

ALL LINES MUST BE LEGIBLY FILLED OUT, OR CHILD AND/OR ADULT CAN NOT PARTICIPATE.

PLEASE READ CAREFULLY BEFORE SIGNING

WARNING: UNDER MISSOURI 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 THE REVISED STATUTES OF MISSOURI, RSMO 537.325.

I HAVE READ AND UNDERSTAND THE MISSOURI EQUINE LAW.

SIGNATURE: _____

DATE: _____

Equine activities are hazardous by nature and could expose you or your child to serious injury or even death. This stable does not guarantee you or your child's safety. It is the policy of Misty River Equestrian Center that all students and novices (less than 1 year of riding experience) and minors (under 18 years), must wear a ASTM standard and SEI certified helmet. Misty River Equestrian Center strongly recommends all riders, of all ages and experiences, to wear ASTM-SEI helmet.

By signing this document, I expressly assume the inherent and all other risks of this activity, and I agree not to hold liable, nor bring claim of any kind against Cindy M. Strahm, and/or family, and/or Misty River Equestrian Center, and/or any employees or assistants or volunteers, or instructors or any other equine professional associated with Misty River Equestrians Center, for negligence or otherwise for damages of any nature including but not limited to injury (or death) to myself, or the child I am legal guardian of, while riding, and/or handling, and/or participating and/or observing any horses, or horse related activities on the premises of Misty River Equestrian Center.

Print Name & Address: _____

Print Child's Name _____

Print Phone: _____

I HAVE READ AND UNDERSTAND THIS AGREEMENT BEFORE SIGNING IT.

Child's Signature: _____

Date: _____

Mom's Signature: _____

Date: _____

Dad's Signature (if possible): _____

Date: _____



Misty River Equestrian Center
21400 Eureka Rd.
Independence, MO 64057



GIRL SCOUT ENROLLMENT FORM

Name of Leader: _____
Phone Number of Leader: _____
Alternate Phone Number: _____
Address: _____
City, State, Zip: _____

Number of girls expected: _____ (Minimum of 6, Maximum of 16)
Date desired: _____
Level Needed: 1 2 3 4
(circle one)

Payment: Must send \$150 deposit. Pay the balance on day of riding.

- Make checks payable to Misty River
- For credit card payment: (For security, you may want to call us with this information. 816-220-2332)
 - Number on card: _____
 - Date of Expiration: _____
 - Security code on back of card (last 3 digits): _____
 - House number where bill is sent: _____
 - Zip code where bill is sent: _____

If two lesson times are needed,
please complete this form for each group.