

Brickhouse Equestrian Center, LLC  
2669 Hamilton Road • Johns Island, SC 29455  
843-559-2287

## RIDER INFORMATION

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian (if under 18 years old): \_\_\_\_\_

PLEASE PRINT CLEARLY

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

## LIABILITY RELEASE

***Please sign both below***

I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to me are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs, and assigns, executors or administrators, waive and fully release forever all claims for damages against Brickhouse Equestrian Center, LLC.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**WARNING: Under the South Carolina Law an equine activity sponsor or equine professional is not liable for an injury to or death of a participant in an equine activity resulting from an inherent risk of the equine activity, pursuant to Article 7, Chapter 9 of Title 47, Code of Laws of South Carolina, 1976, as amended.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## PHOTO RELEASE

I hereby consent to authorize the use and reproduction by CATR Inc. and Brickhouse Equestrian Center, LLC. of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities and exhibitions, or for any other use for the benefit of the center.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

\*If you would prefer ***not*** to authorize photo release, please initial and date here: \_\_\_\_\_