



BEE CAVE RIDING CENTER

Release Form

Dear student and parent(s),

We are pleased to confirm your reservation for _____
_____. Please fill out the following information to complete your
reservation and be sure to return it on your first day of lessons and/or camp.

Thank you,
Bee Cave Riding Center

Student name _____ Age _____

Riding experience _____

Address _____ Zip _____

Father _____ Ph: _____ Work Ph: _____

Mother _____ Ph: _____ Work Ph: _____

Emergency Information

Emergency contact _____ Ph: _____ Work Ph: _____

Doctor _____ Phone # _____

Other health information (Example: epilepsy, asthma, allergic reaction to bee stings, adverse drug reactions ...)

I/we, _____ give our consent to Kathy M. Kentala to
seek medical attention for my child, _____, in the event of an emergency
until parents are notified and able to respond.

I/we, _____ do not hold Bee Cave Riding Center and
their employees responsible for any accident or injuries, including death, that occurs while the above-
named child, myself, or any family member are on the premises of Bee Cave Riding Center property. I/We
understand the inherent danger of horses and horseback riding and accept the responsibility of our
involvement in this sport.

WARNING: Under Texas Law (Chapter 87, Civil Practice and Remedies code) an Equine Professional is not liable for any
injury to or the death of a participant in equine activities resulting from the inherent risk of equine activities.

Parent's signature: _____ Date: _____