

JOHNMEL STABLES INC.

www.JohnMelStables.com 7735 Leslie Road West Puslinch, ON NOB 2J0 519-822-5904

WAIVER

I fully recognize the dangerous inherent risk of serious injury or death by riding horses or participating in any horse related activity. I do so voluntarily and expressly assume any and all risk of injury or loss or death or permanent disability and I agree to indemnify and hold Melanie Michaels Ryan, John Ryan, JOHNMEL Stables Inc., family, employees or associates, harmless from and against all claims including injury or loss resulting in permanent disability or death suffered during or in conjunction with any horse related activity. Whether or not such claim, injury or loss resulted directly or indirectly from the negligent act or omissions of Melanie Michaels Ryan, John Ryan, and JOHNMEL Stables Inc., family, employees and associates.

Print Name(s):		
Email:	Phone:	
Signature:(Parent, for child under 18)	Date:	Time:
JOHNMEL Stables Inc.:		(Melanie Michaels Ryan or John Ryan)
Witness:	Print Name: _	
	PHOTO/MEDIA RELEASE	<u> FORM</u>
photographs or videos of myself and m	ny family in print and/or electr s or for any other lawful purpo	ees, permission to take and use and/or publish ronically, including social media and website for se. In addition, I waive my rights to any deos.
Print Name(s):(Parent, for child under 1	18)	Signature:
	E-NEWSLETTER	
By signing up to our e-newslette offers, clinics, events and other	•	ation on our services, any special
Please sign me up for your	newsletter!	

We always appreciate referrals of your family and friends!