

PARTICIPANTS WAIVER AND RELEASE

I am fully aware of the fact that there are special dangers and risks inherent in any equine activities, including the risk of serious physical injury, death, or other consequences that may arise or result directly or indirectly from participating in this equine event. Being fully informed as to these risks and in consideration of being allowed to participate in this equine clinic and use of this property, I hereby assume all risk of injury, damage and liability arising from such activities or use. I further release the property owner of 420 Twin Creek Rd., Florence, Colorado, fellow participants, instructor and anyone associated with this equine clinic, and waive any right of recovery I might have to bring claim or lawsuit against them for any personal injury, death, or other consequences occurring to me or my horse which may arise out of my voluntary participation in this equine event.

Participant's printed name _____

Participant's signature _____

Date _____

(If under 18, parent or guardian must sign and date below)

Parent or legal guardian's signature _____

Date _____

Phone # _____

Address _____

Witness _____

WARNING

Under Colorado 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 sections 13-21-119, Colorado Revised Statutes.



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