

# Release of Liability

NOTICE: By signing this document you affirm that you have read it and understood it in its entirety.

**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 Section 13-21-119, Colorado Revised Statutes.**

**STATEMENT OF INHERENT RISKS:** As a function of their size and flight-or-fight nature, equines have the potential to cause serious bodily harm and death to humans participating in or observing any and all equine-related activities. Regardless of their training, past behavior and characteristics, equines may have unpredictable reactions to such things as sounds, sudden or erratic movements and unfamiliar objects, persons or animals; are susceptible to certain hazards such as surface or subsurface conditions, weather and collisions with other horses or objects; may have propensities including—but not limited to—kicking, biting, bucking, stomping, stumbling, rearing and fleeing. Tack and equipment has the potential to fail, which can result in a fall or loss of control. Participants in and observers of equine-related activities have the potential to act in a negligent manner that may contribute to injury of themselves and others. EQUINE ACTIVITIES ARE INHERENTLY DANGEROUS AND YOU ASSUME ALL RISK FOR INJURY OR DEATH.

I, the undersigned, having read and understood the content of this document, agree and consent to the provisions contained herein. It is my intention and desire to participate in equine activities at \_\_\_\_\_ (FACILITY) owned by \_\_\_\_\_ (OWNER) under the guidance of Laura Reinhold and /or Michelle Fleishman (INSTRUCTOR), and I hereby acknowledge that I am fully aware of the nature and danger of such activities and do voluntarily assume any and all of the inherent risks involved for myself and everyone in my party. I agree to hold harmless the INSTRUCTOR, FACILITY, and OWNER for injury or death that may occur to myself or anyone else in my party while participating in, observing, or simply being present during any and all equine activities both on and off of the FACILITY. In consideration for my being permitted to take part in equine activities at the FACILITY, I agree to be bound by the rules set forth by the OWNER and the INSTRUCTOR and to obey their directions at all times. I agree to always wear a helmet and other appropriate gear and clothing whenever mounted or otherwise handling horses at the FACILITY. I am aware that my failure to abide by these stipulations will result in revocation of riding privileges. I do hereby for myself and anyone in my party, our heirs, executors, administrators, estate, legal guardians and representatives, waive the right to any claim and release and forever discharge the INSTRUCTOR, FACILITY, OWNER and related agents, representatives, insurers and employees from any liability for injury, loss or death caused by or resulting from my participation in equine activities. I am aware that upon signing this document I am releasing certain legal rights, and I enter into this agreement on behalf of myself and related agents, of my own free will.

**Printed name of participant(s):** \_\_\_\_\_

**Name of parent/guardian of minor participant(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Does participant have current health insurance coverage?**    **yes**    **no**

**Signature of participant(s) or guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**In case of emergency** \_\_\_\_\_