

WARNING: 2015 RELEASE FROM LIABILITY

**THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS...READ IT VERY CAREFULLY.
IF YOU DO NOT UNDERSTAND IT, YOU SHOULD CONSULT AN ATTORNEY.**

I, _____, fully understand and acknowledge that riding, jumping and all other activities with horses is inherently dangerous and that I am voluntarily participating in these activities with knowledge of the danger involved and hereby agree and accept any and all risk of injury or death.

I further understand that clinics, lessons and training of horses and/or riders may involve high speed and/or high risk work in which the dangers to myself or my horse(s) are in excess of the normal risks of horsemanship. I hereby voluntarily and knowingly assume any and all risks of damage or injury to myself, my horse(s), and any other property which may occur as a result of my participation in clinics, lessons and the training of horses and/or riders with Deeda Randle, any staff member of Randle Equestrian, LLC, or any host facility's management or ownership where Randle Equestrian, LLC lessons or clinics are being taught..

Under Wyoming and 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.

Please Initial _____

I agree to wear a ASTM Approved Helmet with attached harness and appropriate riding boots or foot-gear with heels whenever I'm participating in jumping activities and/or if I'm under 18 years of age and participating in any riding activity with Deeda Randle and/or Randle Equestrian LLC..

Please Initial _____

I acknowledge that Deeda Randle, Randle Equestrian, LLC, the facility and/or property owners and management where my lessons, clinic, training or other form of instruction is being conducted encourage all riders to wear ASTM Approved Helmets and appropriate foot-gear with heels when riding "on the flat". As an adult (over 18 years of age) I feel that it is my own choice to use or not use this equipment and I am solely responsible for injuries sustained which may have been avoided or mitigated by use of such equipment.

Please Initial _____

I hereby recognize _____ to be the host facility of my lesson, clinic and/or horse and/or rider training program with Deeda Randle and Randle Equestrian, LLC. I further agree to follow and abide by ALL of the rules, regulations and fee requirements set forth by the host facility.

Please Initial _____

I agree that I will not sue, or otherwise make any claim of liability against Deeda Randle, Randle Equestrian, LLC, the host facility, members of their families and staff, guest clinicians, and any and all persons in any way associated with the management, organization, presentation, advertisement, housing of; or the furnishing of facilities for; any and all clinics, lessons, training sessions or any other activities that I am attending, including liability for damage or injury caused by the negligence of the persons released.

I also agree to release and discharge Deeda Randle, Randle Equestrian, LLC, the host facility, members of their families and staff, guest clinicians and any and all persons in any way associated with the management, organization, presentation, advertisement, housing of; or the furnishing of facilities from all actions, claims or demands, for death, injury, loss or damage resulting in the participation in riding, jumping, and other such activities. The terms of this release shall also be binding as to any other person, or members of my family, including any minors, which may accompany me. I further agree that if I make claim against Deeda Randle, Randle Equestrian, LLC, and/or the host facility and if such claim is found to be non-compensable, I agree to pay the attorney fees and costs incurred by Deeda Randle, Randle Equestrian, LLC, and/or the host facility, or their respective insurance companies, incurred in the defense of such claim.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND IT'S CONTENTS. I AM
AWARE THAT IT IS A RELEASE FROM LIABILITY AND I SIGN IT OF MY OWN FREE WILL.**

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-Mail Address: _____

Signature of Participant: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____