Horse Sense
for humans
horses helping humans succeed

ADULT REGISTRATION AND PARTICIPATION RELEASE AGREEMENT

PARTICIPANT'S NAME: _____ **Birth Date:** _____

ADDRESS: _____

EMAIL: _____

PHONE NUMBER(S):_____ **MOB:** _____

Medicare Number_____ **Medicare Reference Number**_____

Medicare Expiry Date_____

Would you like to be on the Horse Sense mailing list?   Yes   No

How did you hear about Horse Sense for Humans? _____

THIS RELEASE CONTAINS IMPORTANT LIMITATIONS OF LEGAL LIABILITY. READ IT!

THE UNDERSIGNED STATES AS FOLLOWS:

I acknowledge that competitive, pleasure horse riding and horse related activities contain inherent risks of injury and damage to me personally, to my horse, and to my equipment. Knowing these facts I , nevertheless, in consideration to your acceptance of this form, hereby for myself, my heirs, executors and administrators waive, release, and discharge and hold harmless Horse Sense For Humans, its owners, partners, officers and all individual servants and agents thereof and all other persons and organizations in any way connected with the events, property, boarding, agistment, coaching, lessons or any other activity described herein, their representatives, heirs, executors, administrators and assignees from any and all right, claim or liability for damages or for any and all injuries that might be sustained by me including injuries to animals or from any and all claims of any kind or nature that I might have as a result of ,or arising out of my participation in any activity. Further, I do hereby acknowledge that this release will extend to any accidents, damages, or claims arising out of my participation, caused by my own act or the acts of anyone or any animal within my control. I further agree that I will defend, indemnify and hold harmless Horse Sense for Humans, its owners, partners, officers and all individual servants and agents thereof against all claims, demands, and causes of action including legal fees and costs directly or indirectly arising from any action or other proceedings brought by or prosecuted for my benefit contrary to this release extended to all claims of every kind and nature whatsoever whether known or unknown.

SIGNATURE_____**DATE**_____

I do acknowledge that I have read the foregoing paragraph and know and understand the content thereof.

SIGNATURE_____**DATE**_____