

RELEASE OF LIABILITY
Please fill out this form **completely**

I, _____, being of lawful age, in consideration for being permitted to participate in horsemanship training and horseback riding on the premises of Mountain View/NBD Arabians, do for myself and my heirs, relatives, successors and all interested parties, release and forever discharge Mountain View/NBD Arabians and its agents, employees and/or successors from all claims for damages arising from bodily injury, death, or property damage resulting from my participation in horsemanship training, horseback riding, or any related activity. I acknowledge that horsemanship training and horseback riding pose a danger of serious injury or death, and I choose to encounter that inherent risk in order to participate in those activities.

I further release Mountain View/NBD Arabians from any claim whatsoever on account of first aid, treatment, or service rendered me during my participation in horsemanship training and horseback riding.

I realize that, 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. I acknowledge that it is my responsibility to be familiar with the particulars of this statute.

I am informed that Mountain View/NBD Arabians requires riders of **all ages** to wear an ASTM approved hard hat with harness when riding, or mounted on, a horse or pony at any time. I realize that my failure to comply with this rule will result in my loss of riding privileges and/or loss of my privilege of boarding my horse at the facility.

This release contains the entire agreement between the parties and the terms of this release are contractual and not a mere recital. I acknowledge that I have carefully read the foregoing release and know the contents thereof, and that I sign this release freely and without reservation.

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 SECTION 13-21-119, COLORADO REVISED STATUTES.

Signature (Signature of parent or guardian if participant is under 18)

Date

Address

phone number

In case of emergency, Mountain View/NBD Arabians should contact: _____

Address: _____; Phone: _____;

Relationship to participant: _____