

HORSE

Horse Feathers Training

Liability Release & Waiver of Claims

I, the person listed below, acknowledge that horses can be unpredictable animals and fully realize that there are certain dangers inherent in riding and handling horses, including injury and death. I understand that neither my actions, nor the actions of any other person or horse can necessarily be controlled, and that my safety and that of my horse and property cannot be guaranteed while participating in equestrian sports, including riding for pleasure, lessons or training sessions.

In consideration for riding horses at Any location I fully assume the risks of participating in equestrian sports, and accept full and complete responsibility for the safety of myself, any guests or observers, my horse, and my personal property. I hereby give up and waive any claims, whether now existing or arising in the future against Jamie Kennedy and Horse Feathers Training (HFT), their agents and employees as a result of damage or injury to myself, my horse, or my property, from any cause whatsoever while riding for pleasure, riding in lessons, or while my horse is in training with Jamie Kennedy and HFT, or while it is being handled by them, their agents or employees. I further agree to indemnify and hold Jamie Kennedy and HFT, their agents and employees harmless against all liabilities, losses, damages, costs or expenses whatsoever, including the cost of defending any such claim which might arise from the injury or damage to any other person, their property or animals as a result of my participation in riding, or lessons, or the training of my horse by Jamie Kennedy and HFT, their agents or employees.

I agree that the waiver indemnities contained herein shall be binding on my heirs, successors, legal representatives, and assigns and shall insure to the benefit of Jamie Kennedy and HFT, their agents, employees heirs and assigns.

BY SIGNING THIS DOCUMENT I AGREE THAT I HAVE READ THE ENTIRE DOCUMENT, UNDERSTAND ITS TERMS AND AGREE TO THEM.

Signature _____

Date _____

Print Name _____

Mailing Address _____

City, State, Zip _____

Phone _____

Cell _____

Other _____

Emergency Contact _____

Phone _____

e-mail _____

