

# Horse Feathers Training

Liability Release & Waiver of Claims  
On Behalf of Minor Child

I, \_\_\_\_\_, the Parent or Guardian of \_\_\_\_\_, 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 child's actions, nor the actions of any other person or horse can necessarily be controlled, and that my child's safety and that of my child's horse and property cannot be guaranteed while participating in equestrian sports, including riding for pleasure, lessons or training sessions and while performing stable chores. I have discussed these risks with my child, who wishes to engage in equestrian sports and/or work in the stable despite the inherent risks.

In consideration for my child riding horses at Ampliation I fully assume the risks of my child's participating in equestrian sports and/or stable work, and accept full and complete responsibility for the safety of my child, self and 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 and whether belonging to myself or brought on behalf of my child, against Jamie Kennedy and Horse Feathers Training (HFT), their agents and employees as a result of damage or injury to my child, my child's horse, or my property, from any cause whatsoever while riding for pleasure, riding in lessons, performing stable work, or while my child's 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 child's horse by Jamie Kennedy and HFT, their agents or employees.

I agree that the waiver indemnities contained herein shall be binding on my child, myself, our 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 \_\_\_\_\_

email \_\_\_\_\_