## **RELEASE of LIABILITY**

I do hereby, for myself, my child (children), my heirs, executors and assigns, waive, release and forever discharge any and all rights and claims for damages which I (or any listed above) may have or hereinafter accrue against

(his/her heirs, etc.),

## name of facility and owner or representative

and/or Forever Morgans Rescue, Inc., for any and all damages which may be sustained by me in connection with my equestrian activities and/or the use of their property for any activity. I understand that it is my responsibility to examine, and approve of, any tack and/or equipment that I intend to use. Furthermore I agree to any medical, dental, or surgical treatment or procedure of an emergency nature that is reasonably necessary to save the life of the person named or to restore the person to health. Licensee acknowledges that he or she has been advised that horses and ponies are sometimes unpredictable and that there is a risk involved in riding and being near horses and ponies, and with such knowledge Licensee hereby agrees to assume such risk. I understand that should medical emergency treatment be required, the individual listed here will be responsible to cover all current and future payment of incurred bills.

Signature, date	Guardian Sig	Guardian Signature, date. As a parent/guardian I sign and agree for this child	
Printed Name	Guardian's Pr	rinted Name	
ID number & type (e.g. driver's license)	Email	Phone	
Address WARNING: Under state law, an eq	uine activity sponsor or e	equine professional is not liable for an injury to	or

the death of a participant in equine activities resulting from the inherent risk of equine activities.

----- Facility keeps top copy, rider keeps bottom copy ------

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