

**WAIVER OF LIABILITY, ASSUMPTION OF RISK, COVENANT NOT TO SUE
AND HOLD HARMLESS AGREEMENT**

Complete Equestrian LLC- Instruction, Training, Performance and Boarding

IN CONSIDERATION of receiving permission to participate in Complete Equestrian LLC-
Instruction, Training, Performance and Boarding,

I, _____ (PRINT PARTICIPANT'S
NAME), hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE
Complete Equestrian LLC, Nicole J. Collins, or employees (hereinafter referred to as
RELEASEES) from any and all liability, claims, demands, actions and causes of action
whatsoever arising out of or related to any loss, damage, or injury, including death, that may be
sustained by me, or to any property belonging to me, however caused, while participating in said
Program, or while in, or upon any premises where said Program is being conducted.

I am fully aware of risks and hazards connected with participating in the activities with horses. I
acknowledge that horses are unpredictable and potentially dangerous animals. I understand
Complete Equestrian LLC- Training, Performance and Boarding and Instruction provides only
limited, restricted or no insurance coverage. I understand that such self-insurance may not at all
provide coverage to me for any injury, loss or damage suffered while participating in said
program. I hereby elect to voluntarily participate in said Program, and to enter the above-named
premises and engage in such activity, knowing that the activity may be hazardous to me and my
property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS,
PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be
sustained by me, or any loss or damage to property owned by me, a result of being engaged in
such activity, however caused.

I understand and agree that the Releasees have permission to authorize emergency medical
treatment for me if I am injured and appear to be unable to arrange for and authorize such
treatment myself. Furthermore, the Releasees assume no responsibility for any loss, damage,
injury or death that might arise out of or in connection with such authorized emergency medical
treatment. Moreover, I agree that I have no health related reasons or problems that would
preclude or restrict participation in this activity and that I have adequate health insurance
necessary to provide for and pay any medical costs that may be incurred as result of injury.

I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from
any loss, liability, damage or costs, including court costs and attorneys' fees, that they may incur
due to my participation in said activity.

It is my express intent that this Release and Hold Harmless Agreement shall bind the members of
my family and spouse, in any, if I am alive, and my heirs, assigns and personal representative, if I
am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT
NOT TO SUE the above-named RELEASEES. I hereby further agree that this Waiver of
Liability and Hold Harmless Agreement shall be considered in accordance with the laws of the
State of Colorado.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the forgoing Waiver of Liability and Hold Harmless Agreement, understand it and design it voluntarily as my own free act and deed; no oral representation, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

THIS IS RELEASE OF LEGAL RIGHTS AND A LEGALLY BINDING DOCUMENT. READ BEFORE SIGNING AND OBTAIN INDEPENDENT LEGAL COUNSEL IF DESIRED.

IN WITNESS WHEREOF, I have hereunto set my hand on this

_____ day of _____, 20__.

_____	_____	____/____/____
Participant Signature	Print	Date
_____	_____	_____
Address	City/St	Zip
____/____/____	(____) _____	-_____
Birthday	Email Address	Phone
_____	_____	_____
Emergency Contact Name	Phone (s)	

_____	_____	_____
Witness Signature	Print	Date

If participant is under the age of 18, both (if applicable) of his or her parents or legal guardians must also sign:

I (We), _____, on this

_____ day of _____, 20__, am (are) the parent(s) or legal guardian(s) of the participant who has signed above. I have read and understand the provisions of this document, I consent to participation in the above stated activity, and I fully enter in to and agree to the above Waiver of Liability, Assumption of Risk, Covenant not to Sue, and Hold Harmless Agreement.

Signature of Parent or Legal Guardian Signature of Parent or Legal Guardian:

_____	_____	_____
Signature	Print	Date

