



CLINIC LIABILITY RELEASE

DATE: _____

As a condition of participating in this clinic, taking riding instruction and/or working around horses, **I understand that it is reasonably foreseeable that being around or working around horses, stables, stable area, etc. and/or horse back riding can be (an) injury causing event(s), that can cause serious injury and even death and that I agree to assume all risks associated with these activities.**

I therefore agree that in the event of any injury or death to myself, and/or my friends, acquaintances, guests and/or relatives who accompany me or damages to my property, including but not limited to horses owned by me, I shall hold harmless Susan S. Kelley, Stephen M. Kelley, their heirs, agents, servants, representatives, and any additional property holder from any injury or death which may be sustained by me and/or my friends, acquaintances, guests and/or relatives while on or off the premises in any way, matter of means. **For purposes of any liability claims, the undersigned acknowledges that he or she assumes all risk of any and all activities associated with horses and ponies.**

Signed: _____
(if under the age of 18 years a parent or legal guardian must sign)

Print Name _____

Address: _____

Phone: _____

Witness: _____