

**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, Complete Equestrian Vaulters, Nicole J. Rau,
or employees and volunteers (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.

OVER

INITIALS _____

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)	

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

