





## RELEASE FORM: Jubilee Horse Company and Bridlewood Stables

I herby agree to release, indemnify and hold harmless Jubilee Horse Company and Bridlewood Stables, it's owners, agents, employees and lessees, from against any and all loss, costs or expenses of any claim for injury, death or otherwise of whatever nature arising on any account or whatever nature, on account if or not limited to riding, training, boarding and instruction, the provision of any service by the above persons and these facilities owned, leased or provided by the Jubilee Horse Company: whether a fee is paid for the use of such horse or whether it was provided gratuitously.

I am aware that horse riding, training and instruction are dangerous activities and I am voluntarily assuming the risk of injury which may occur to me or my child as a result of these activities. I hereby agree to furnish and use my own protective gear and footwear.

## **WARNING**

I have read and understand the above warning and waive any claim for damages against the Jubilee Horse Company and Bridlewood Stables, it's owners, agents, employees and lessees, for accidental injury to myself, my child or anyone accompanying me on the premises, or for loss or damage to our personal property.

Under Colorado Law, an equine professional is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to section 13-21-119.

In the event this release is executed for and on behalf of a person under the age of 18, the undersigned acknowledges he/she is one of the parents of such minor, or duly appointed legal guardian of such minor and as such is entitled to enter into this release for an on behalf of such minor.

| Date:                                       |                  |
|---|------------------|
| Name of Rider:                              | Parent/Guardian: |
| Address:                                    |                  |
|   | Work Phone:      |
| Emergency Contact:                          | Phone:           |
| I carry Medical Insurance (circle one): Yes | No               |
| Insurance Company:                          | Policy Number:   |
| Signature:                                  |                  |
| Comments:                                   |                  |