

Clay Wright Horsemanship Schools

Please Sign and Return this Form with Your Deposit

CLAY WRIGHT HORSEMANSHIP/CLAY WRIGHT VOLUNTARY RELEASE ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

I, _____
ACKNOWLEDGE, that I have voluntarily applied to participate in instruction and training in the starting, training, selection, care, handling, and riding of horses with Clay Wright, such instruction to take place on the premises of Klamath Equestrian Center, Sponsors.

I AM AWARE THAT ACTIVITIES INVOLVING HORSES CAN BE INHERENTLY DANGEROUS AND HAZARDOUS, AND I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH.

IN CONSIDERATION for being permitted to participate in said instruction and training:

I HERBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE,

Clay Wright, individually and doing business as the CC Ranch, each and every agent, employee, or rider thereof, and the Sponsor or Sponsors named above, all for the purposes herein referred to as "Releasees", from all liability to myself, my legal representative, distributees, guardians, assigns, heirs, and my next of kin, all for purposes herein referred to as "Releasors," for injury, death, or injury or death to my horse, or damage resulting from my participation in said instruction and training as a result of the negligence of Releasees, or any em- ployee, servant, agent, or contractor of Releasees. I FURTHER RELEASE AND DISCHARGE Releasees from all liability to Releasors for injury, death, or injury or death to my horse, or damage resulting from my participation in said instruction and training as a result of the negligence of any other party or parties in attendance. In addition, I HEREBY RELEASE AND DISCHARGE Releasees from all actions, claims or demands Releasors now have or may hereafter have for injury, death, or injury or death to my horse, or damage resulting from my participation in such activities.

I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS

Releasees, and each of them, from any loss, liability, damage, or cost they, or any of them, may incur due to my participation in said instruction and training.

I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR INJURY OR DEATH TO MY HORSE, OR PROPERTY DAMAGE

due to the negligence of Releasees, or any of them, or of any em- ployee, servant, agent or contractor of Releasees resulting from my participation in said instruction or training.

I EXPRESSLY acknowledge that activities involving horses involve INHERENT RISKS

which mean that there are dangers or conditions which are an integral part of horse activities and include, among other things, the propensity of a horse to behave in ways that may result in injury, harm or death to persons on or about them; and the unpredictability of a horse's reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals.

I HAVE CAREFULLY READ THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND CLAY WRIGHT AND I SIGN IT OF MY OWN FREE WILL and further agree that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.

I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS. I UNDERSTAND THAT I ASSUME ALL RISK INHERENT IN ACTIVITIES WITH HORSES. I VOLUNTARILY SIGN MY NAME EVIDENCING ACCEPTANCE OF THE ABOVE PROVISIONS.

Signature of Applicant: ("Releasors"): _____ Dates: _____

Address: _____

City _____ St. _____ Zip _____

Phone: _____ Email: _____

Guardian for minor: _____

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Video Recording and Photography Agreement

Absolutely no video or pictures are to be taken without permission from Clay Wright / Clay Wright Horsemanship.

I, _____ (Print Name)
agree AND PROMISE that after having received permission from Clay Wright / Clay Wright Horsemanship to record video or shoot pictures that I will use them only for my own personal use and/or education— unless mutually agreed upon by both myself and Clay Wright / Clay Wright Horsemanship Schools.

Signed: _____ Date: _____

**Please sign and return this form with your deposit and signed, filled out release form.
THANK YOU!**