

Joseph & Valery Becker
5215 Farm Road 1448, Scroggins, TX 75480

Indemnification and Liability Release Form

Please read carefully before signing. Death or serious injury may result from your participation in this activity. The landowners, Joseph & Valery Becker, do not guarantee your safety.

Student: _____ Age (if minor) _____

Legal Guardian/Parent (if minor): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Cell Phone: (____) _____ - _____

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Please read carefully before signing this form. Death or serious injury may result from your participation in this activity. Joseph & Valery Becker do not guarantee your safety.

I agree that: Should medical treatment be required, I and/or my own accidental/medical insurance company shall pay for all such incurred expenses. My accidental/medical

Insurance Company is _____

and my policy number is _____.

Undersigned assumes responsibility and risk for injury or death to self or to minor child; holds harmless Joseph & Valery Becker for any injury or death to riders and spectators; undersigned assumes total responsibility for any and all payments for medical treatment; undersigned holds harmless Joseph & Valery Becker, for lost, stolen, or destroyed property.

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICES AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF ALL EQUINE ACTIVITIES.

Signing below means the Undersigned has read and understands the contract terms.

Signature (Parent Signature if student is a minor)

Date