REININGHEROES@YAHOO.COM

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Therapeutic Riding and Beginning Horsemanship

RELEASE OF WAIVER OF LIABILITY
ASSUMPTION OF RISK

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

This RELEASE AND WAIVER OF LIABILITY ("Release") is made and entered into on this_____ day of _____ , 20___, between Paula Quillen, Instructor, Reining Heroes, Inc., a Colorado nonprofit organization, and _____("Participant").

For myself and/or my child, the undersigned accepts, agrees, and understands that there are RISKS and DANGERS inherent to the sport of horseback riding regardless of any and all reasonable safety measures that can be employed and that injuries are a common and ordinary occurrence in horse related activities. Let it also be understood that a parent/legal guardian MUST remain at these premised while his/her rider is in a scheduled lesson.

I/We therefore release and hold harmless from any and all liability for injuries or damages to myself or my children or my property while participating in these horse-related activities:

Paul Quillen — Instructor Reining Heroes, Inc.—501(c)(3) Corporation

I/We therefore release and hold harmless from any and all liability for injuries or damages to myself or my children or my property while participating in or visiting on the premises of:

Kenlyn Arabian Stables, 1000 Salida Street, Aurora, Colorado 80011

The undersigned agrees and understands it their responsibility to pay for all costs associated with medical care and transportation for their children or self and indemnifies and holds **Paul Quillen, Reining Heroes, Inc.** and **Kenlyn Stables** harmless from any costs incurred therein.

I/We the undersigned have read and fully understand this release of waiver and liability and the Equine Liability Act statement as stated above, as well as undertake the full assumption of risk upon myself/ourselves.

Participant(s) Full Name (please print)

_____

_____

Participant Signature(s) _____ Date

_____ Date

_____Date