

Release of Liability without Medical Physical Exam

This form must be completed by participants who failed to present a medical physical exam prior to tryouts.

FACILITY: Creuzot Show Jumpers

ADDRESS: 27815 Calvert Rd, Tomball, TX 77375

OWNER: Philippe Creuzot

PLEASE READ CAREFULLY BEFORE SIGNING

SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY. Creuzot Show Jumpers **DOES NOT GUARANTEE YOUR SAFETY OR THAT OF YOUR HORSE. IT IS HEREBY AGREED TO AS FOLLOWS THAT:**

LIABILITY RELEASE - In consideration of Creuzot Show Jumpers the terms set forth herein, I, _____, as the participant, and the parent or guardian thereof if a minor, do agree to release Creuzot Show Jumpers, its owners, agents, employees, members, insurers, and affiliated parties from legal liability due to Creuzot Show Jumpers ordinary negligence; and I do further agree that except in the event of Creuzot Show Jumpers gross negligence and willful and wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action against Creuzot Show Jumpers and/or its associates, for any economic and non-economic losses due to worsening a pre-existing bodily injury from not reporting a medical physical exam, in relation to the premises and operations of Creuzot Show Jumpers, to include while riding, handling, or otherwise being near horses owned by or in the care, custody and control of Creuzot Show Jumpers.

SIGNER STATEMENT OF AWARENESS

I, _____, **HAVE READ, UNDERSTAND, AND ACCEPT THE FOREGOING AGREEMENT, WARNINGS, RELEASE AND ASSUMPTION OF RISK. I/WE FURTHER ATTEST THAT ALL FACTS RELATING TO THE APPLICANT ARE TRUE AND ACCURATE.**

RIDER SIGNATURE **DATE** _____

PARENT/ GUARDIAN SIGNATURE (Must sign for rider 17 & under) **DATE** _____

Address in full _____

Phone Number: _____