

**RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT
READ BEFORE SIGNING**

PARTICIPANT'S NAME _____ AGE _____
(Please Print)

Name of Parent or Guardian (if participant is a minor) _____

IN CONSIDERATION of being permitted to participate among and on horses on the premises of or under the auspices of PLANE VIEW FARM LLC and TIMOTHY & LAUREN GUESWEL, on my behalf and on behalf of the participant named above (**we will collectively call ourselves "I" in this release**), I acknowledge, appreciate, and agree that:

The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis or death. This risk includes, but is not limited to, my being in the presence of, mounted on, and/or leading horses and includes but is not limited to property damage, injury, or death resulting from the dangers or conditions that are an inherent risk of equine activity.

By signing this RELEASE OF LIABILITY, I UNDERSTAND AND KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS. I assume full responsibility for my participation. I understand that there may be other risks, as well, and I agree to assume them; I am not relying on Plane View Farm LLC and Timothy and Lauren Gueswel to list all possible risks for me.

I will comply with all rules and regulations of Plane View Farm LLC and Timothy and Lauren Gueswel. If I have any question, or observe any unusual or unnecessary hazard during my participation, I will immediately notify the nearest instructor, director, or manager of Plane View Farm LLC.

I feel that the possible benefits to myself/my son/my daughter/my ward of participation in equine activities or being around horses or on Plane View Farm LLC property are greater than the risk assumed. I hereby, intending to be legally bound, for myself on behalf of my heirs and assigns, personal representatives, and next of kin, waive and release forever all claims of damages against Plane View Farm LLC and its Owners, Instructors, Veterinarians, Employees, Agents, Volunteers, and any affiliated persons for any and all injuries and/or losses I / my son / my daughter / my ward may sustain while participating in Plane View Farm, LLC horsemanship programs either on or off site, or while being on or near the premises of Plane View Farm LLC.

WARNING:

UNDER COLORADO STATE 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 shall be valid starting from date executed for as long as participant either (1) participates in any activities associated with or (2) is on or near the premises of Plane View Farm LLC. If participant is a minor, Parent or Guardian executes this agreement on behalf of himself/herself as well as the minor child or legal ward.

(Minors will be required to complete a new form at age 18 or upon change of guardianship.)

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT OR COERCION BY ANYONE.

X _____ Age _____ Date _____
Client /Parent or Guardian of Minor

Received by _____ Date _____

CONTACT/PERSONAL INFO:

Address: _____ City/State: _____

Zip: _____ Phone: _____ DOB: _____

E-Mail: _____

Emergency Contact #1:

Name: _____ Phone(s): _____

Relation: _____

Emergency Contact #2:

Name: _____ Phone(s): _____

Relation: _____

Allergies/Pertinent Medical Info:
