



**Susan Nelson Thibault**

**4 - Star Licensed Parelli Professional & HDS**

**Liability Release Form**

Name: \_\_\_\_\_

Savvy Club Member Yes/ No If yes, # \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

E.mail: \_\_\_\_\_

**HORSES AND HORSE RELATED ACTIVITIES ARE VERY HAZARDOUS**

I, acknowledge that horse related activities and horseback riding are dangerous sports which carry inherent risks of injury or even loss of life, as well as damage to myself, my horse, and/or property. I, knowingly assume all risks whether known or unknown, of watching, handling, or riding either my horse or a horse provided for me. I also assume all risks known or unknown, of voluntarily participating in this lesson, clinic or event as a participant, an auditor and or spectator. I release SUSAN NELSON THIBAUTL, host facilities, their agents and their employees from all liabilities for any act of negligence or want of ordinary care. In consideration of my voluntary participation in this clinic, lesson, or event, I waive release and discharge SUSAN NELSON THIBAUTL, host facilities, sponsors and their agents and their employees representatives, heirs executor and assigns from any and all claims of injury to myself, my animals or my property arising out of my participation in this lesson ,clinic or event. This agreement is binding on my executors, heirs, and assigns. I agree that I will defend, indemnify, and hold harmless, SUSAN NELSON THIBAUTL and all mentioned above against all claims, demands and causes of action, including court cost and actual attorney fee, arising from any proceeding or lawsuit brought by me or prosecuted on my behalf, in which this release supheld.

**I, am taking a risk and I assume all responsibilities for my decision to voluntarily participate. I, acknowledge that I have read this release of liability and know and understand its content.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Participant month day yyyy

**Signature** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Parent or Guardian month day yyyy

This release of liability is effective for the entire calendar year of **2019** at all locations.