

RELEASE AND WAIVER OF LIABILITY

I, the undersigned, voluntary sign this Release and Waiver of Liability in favor of 'Just Equus' personnel, Peter Biggs and Eva Biggs, in consideration of the opportunity to receive instruction and activities during the **Horsemanship Clinic** on the property of _____.

I fully assume the risks involved as acceptable to me and I agree to use my best judgment in undertaking these activities and follow all safety instructions.

Horse riding and participation in horse related activities is/are dangerous recreational activities and horses and cattle can act in a sudden and unpredictable (changeable) ways, especially if frightened or hurt. There is a significant risk that serious **INJURY** or **DEATH** may result from participating in horse related activities.

I knowingly and freely assume **all such risks, both known and unknown**, and I voluntarily **PARTICIPATE** at my **OWN RISK** and assume sole responsibility for any injury, death or property damage I may suffer that arises from my participation in horse related activities.

I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs before and during the activity and I take full responsibility for any injury, loss or damage associated with their consumption. I agree not to drink alcohol or take drugs prohibited by law before or during any horse activity.

I understand that my signature to this document constitutes a complete and unconditional release of all liability of '**Just Equus**' personnel, management/organisers to the greatest extent allowed by law in the event of me and/or the children under my care, suffering injury or death.

In addition, by signing this form, I provide my consent that Just Equus has the right to take and use **photographs and/or video** of me and/or my horse and to use these in any and all media worldwide including online, now or hereafter known, and for any purpose whatsoever, including sales and marketing activities.

I release Just Equus and/or their preferred photographer all rights to exhibit this work in print and electronic form, publicly or privately and to market copies. I waive any rights, claims or interest I may have to control the use of my identity and that of my horse in the photographs and/or video footage and agree that any uses described herein may be made without compensation or additional consideration of me.

Name of Participant: _____

Signature of Participant: _____

Date: ____/____/____

For Participants of Minority Age (Under 18 years, Minimum age is 16 years)

This is to certify that I, as a Parent/Guardian with legal responsibility for this participant, acknowledge, understand and accept ALL OF THE ABOVE and consent and agree to my minor child's involvement or participation in the horse/horse related activities and photography and/or videography.

Dated: ____/____/____

Signature of Participant/Legal Guardian: _____