

**RELEASE AND WAIVER**

Four Corners Back Country Horsemen  
PO Box 3521, Durango, CO 81302

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

Venue Name: \_\_\_\_\_ Event date(s): \_\_\_\_\_

Specific Address(es) : \_\_\_\_\_

Participant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

**Caution! READ BEFORE SIGNING.**

I, the undersigned, hereby release \_\_\_\_\_ in total, including employees and board members, and the Four Corners Back Country Horsemen and any and all other Back Country Horsemen of America chapters and affiliates, their members, directors and officers, all of the above in whole or in part, their families and heirs, clinic sponsors, clinic managers, employees, clinic rider participants and spectators, from any and all claims, demands, actions or cause of action of any kind or nature whatsoever, whether now known or ascertained, or which may hereafter develop or accrue me in favor of myself, representatives, dependents or animals, on account of or by reason of any injury, loss or damage, which may be suffered by me or them, or to any property animate or inanimate, belonging to me or used by me, because of any matter, thing or condition, negligence or default whatsoever. **I hereby assume and accept full risk of danger** of any hurt, injury or damage including that which may occur through or by reason of any matter, thing, or condition, by any person whatsoever. I further agree to be financially responsible for payment of all costs resulting from the rendering of medical or veterinary aid and/or ambulance services in the event of an injury, accident, and/or illness to me or any person or animal accompanying me while participating in any activities associated with this clinic on this premises on this date.

**WARNING -- CAUTION! READ BEFORE SIGNING.**

**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.**

My signature below indicates that I have carefully read and fully understand the RELEASE AND WAIVER and WARNING above, and agree to all the terms and conditions listed therein.

\_\_\_\_\_  
Rider participant signature Date

\_\_\_\_\_  
Parent/Guardian signature (required for participant under 18) Date