

RELEASE AND HOLD HARMLESS AGREEMENT

The undersigned assumes the unavoidable risks inherent in all horse-related activities, including but not limited to bodily injury and physical harm to horse, rider or spectator.

In consideration, therefore, for the privilege of attending the ERS clinic and/or working around horses, during Equine Reproduction Services clinic, host farm, owners, family and staff, I/We further release them and hold harmless, from any liability or responsibility for accident, damage, injury or illness to the Undersigned or to any horse owned by the Undersigned or to any family member or spectator accompanying the Undersigned on the premises.

Participant:

Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature of Parent or Guardian if under 18		

Print Name, Address and Phone Number:
