

Catalpa Corner Charity Horse Trials, LLC

RIDER CONSENT AND RELEASE FORM

READ CAREFULLY BEFORE SIGNING

(Acknowledgement, waiver, consent and release of liability)

UNDER IOWA LAW, A DOMESTICATED ANIMAL PROFESSIONAL IS NOT LIABLE FOR DAMAGE BY, AN INJURY TO, OR THE DEATH OF A PARTICATANT RESULTING FROM THE INHERENT RISK OF THE DOMESTICATED ANIMAL ACTIVITES. PURSANT TO IOWA CODE CHAPTER 673, YOU ARE ASSUMING INHERENT RISKS OF PARTICPATION IN THIS DOMESTICATED ANIMAL ACTIVIITY.

I acknowledge that Equestrian Riding, including horse trials, are physically challenging and carries with it the potential for death, disability and possibly property loss, including, but not limited to, injury or death to myself, and/or the horse. I hereby assume any and all risks involved in participation in Equestrian Riding programs, including, horse trials, or extended activities and the use of the property and facilities at the location of my Equestrian Riding.

IN CONSIDERATION OF Susan H. Brigham, and James E. McNutt, DVM, owners/mangers of Catalpa Corner Charity Horse Trials, LLC, (hereinafter "Organizers), permitting me to participate in Equestrian Riding Programs, including horse trials, and extended activities, and to have access to the property and facilities which are part of the program, I hereby agree for myself, my executors, administrators, heirs, next of kin, successors and assigns, to waive, release, discharged and agree not to sue, Organizers, their employees, independent contractors, including independent instructors with whom Organizer's have contracted to provide instruction on the premises or off, Organizer's successors, agents and assigns, and Organizer's land, landowners, landlords, its shareholders, its directors, officers, successors, agents and assigns, from or for any and all liability resulting from personal death, disability, personal injury or property damage, including, but not limited to injury or death of horse, as a result of my participation in any Equestrian Riding Programs, including horse trials or extended activities.

FURTHER, in consideration of permitting me to participate in the Equestrian Riding, including horse trials, I agree to INDEMNIFY, DEFEND and HOLD HARMLESS, Organizer's, their employees, independent contractors, including independent instructors with whom the Organizer have contracted to provide instruction on the premises or off, Organizer's land, landowners, landlords, its shareholders, its directors, officers, successors, agents and assigns for all losses, liabilities, damages costs, and expenses (including but not limited to, reasonable fees and disbursement to legal counsel and other professional advisors) suffered or incurred by other individuals or entities as a result of any of my actions during any participation in Equestrian Riding, including horse trials, and extended activities.

I hereby certify that I have read this document and I understand its content and agree to be bound thereby.

Rider Participant _____

Date _____

Parent (Minor) _____ Date _____

Horse Owner/Participant _____ Date _____

Trainer or Agent _____ Date _____