



# **NATURAL HORSEMANSHIP CLINIC**

**with  
Tracy Romohr**

## **Liability Release Form**

I the undersign;

- 1) Acknowledge and fully understand that any involvements with equines holds an inherent risk to ourselves, our equines, others and property. That I, as a student/participant, fully understand and agree to.
- 2) I will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result from not only one of my actions, inactions or negligence, but also from others, the rules of play, or the condition of the premise or any equipment used. Further that there may be other risks not known to us or not reasonably foreseeable at this time.
- 3) Assume all foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
- 4) Understand that I must exercise due care for the safety of myself, other participants and spectators. In consideration of my being permitted in this activity I hereby release, indemnify and hold harmless Tracy Romohr and/or her family, employees, heirs, from any claims, demands, cost, charges, expenses for any harm, injury, damage or loss which I may sustain as a result of this activity.

I, the undersigned have read the above waiver & release, understand that I have given up substantial rights by signing it and sign it voluntarily.

**Printed name of participant/student:** \_\_\_\_\_

**Signature of participant/student:** \_\_\_\_\_

**(If participant/student is under the age of 18, a parent must sign for consent)**

**Date:** \_\_\_\_\_