



Participant Information and Release of Liability Lorri Roy and Ethan Zimmerman – Foundation Horsemanship

Please Print

Event Name: _____ Date: _____

Name: _____ Age: _____

Address: _____ City: _____

State: _____ Zip: _____ E-Mail: _____

Home Phone: _____ Cell Phone: _____

Horses Name: _____ Breed: _____ Age: _____

Are there any safety or health issues about you or your horse that we should be aware of? _____

Release of Liability Agreement

Horses can be very dangerous. I am taking a risk and I assume responsibility for my actions. Be advised that many states limit the liability of equine professionals for horse related injuries. I acknowledge that horseback riding is a dangerous sport, which carries inherent risks of injury or even loss of life, as well as damage to my horse, my property and me. I knowingly assume all risks, whether known or unknown, of watching, grooming, handling, or riding either my horses or horses provided for my use. I also knowingly assume all risks, whether known or unknown, of participating in this lesson or clinic as rider, auditor or spectator. I release Lorri Roy and/or Ethan Zimmerman, host facility, sponsors, agents, employees, assistants and volunteers from all liability for any act of negligence or want of ordinary care. In consideration of my participation in this lesson. Clinic, training or assessment. I waive, release and discharge Lorri Roy and/or Ethan Zimmerman, host facility, sponsors, agents, employees, assistants and volunteers, representatives, heirs, executors and assigns from any and all claim or liability for injury to myself, my animals or my property arising out of participation in this lesson or clinic. This agreement is binding on my executors, heirs, and assigns. I agree that I will defend, indemnify and hold harmless, Lorri Roy and/or Ethan Zimmerman, host facility, sponsors, agents, employees, assistants and volunteers against all claims, demands, and causes of actions, including court costs and actual attorney fees, arising from any proceeding or lawsuit brought by me, or prosecuted for my benefit or on my behalf, in which this release is upheld. I acknowledge that I have read this release of liability, know, and understand its contents. I do hereby give Lorri Roy and/or Ethan Zimmerman and parties designated by them the irrevocable right to use my name, video image or photograph in all forms of media and in all manners for advertising, display, exhibition and inclusion in commercial products or any other lawful purposes. In addition, I waive my right to inspect or approve the finished product, including written copy that may be created in connection therewith. I also waive the right to any financial recompense for the use of my voice, physical image and participation in this event. This release is valid unless revoked in writing.

I choose not to wear an ASTM/SEI certified helmet while taking part in activities directed by Ethan Zimmerman and/or Lorri Roy.

Initials: _____

I have read, understand and agree to participate within the above Rider Guidelines and Release of Liability.

Rider/Participant Signature (or parent/guardian): _____ **Date** _____

Please print this application, fill out and send with your payment to hold your spot in the clinic. All money is nonrefundable 7 days prior to the event. Please send this form and your check, **made payable to Ethan Zimmerman or Lorri Roy** to:

1348 Country Road, Victor, MT. 59875

**Ethan Zimmerman 406-381-0987
Lorri Roy 406-381-0988**

www.foundationhorseman.wixsite.com/foundation

foundationhorseman@gmail.com