

RIDER/AUDITOR INFORMATION

Name _____

Address _____ City _____

State _____ Zip code _____ Phone _____

E-Mail _____ Phone _____

In Case of Emergency Contact:

Name: _____ Relationship _____ Phone # _____

List any medical restrictions/conditions _____

DAVID ELLIS/JODY GRIMM LIABILITY RELEASE

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. Dave Ellis and/or Jody Grimm Clinics, Lessons & Training -Release of Liability Agreement: 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 an auditor or spectator. I release Dave Ellis and/or Jody Grimm, host facility and sponsors, and their agents and employees from all liability for any act of negligence or want of ordinary care. In consideration of my participation in this lesson or clinic, I waive, release and discharge Dave Ellis and/or Jody Grimm, host facility and sponsors, and their agents, employees, representatives, heirs, executors and assigns from any and all claim or liability for injury to myself, my animals or my property arising out of my 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, Dave Ellis and/or Jody Grimm, host facility and sponsors, and their agents and employees against all claims, demands, and causes of action, 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 this release of liability and know and understand its contents. I also give permission for my name, address and telephone number to be shared within the Parelli Natural Horse-Man-Ship organization for purposes of providing clinic, workshop and special information mailings.

PRINT NAME _____

SIGNATURE _____ DATE ____/____/2019/2020

Parent/Guardian please sign for minor.

UNLESS SPECIFICALLY REVOKED, THIS RELEASE IS IN EFFECT
FOR THE ENTIRE CALENDAR YEAR 2019/2020