



7290 Hawkeye Road
Krum, TX 76249

Equine Release and Hold Harmless Agreement

In consideration of Open Range Cowboy Church allowing the participant to participate in this activity, I, on behalf of the participant, myself, the participant's and/or my heirs, personal representatives, and assigns, hereby agree to hold harmless, release, and discharge Open Range Cowboy Church, its employees, directors, members, officers, teachers, elders, deacons, lay-pastors, pastor, drivers, volunteers, agents and anyone associated, either directly or indirectly, with Open Range Cowboy Church from any and all claims, demands, causes of action, and liability, whether the same be known or unknown, anticipated or unanticipated, due to Open Range Cowboy Church and its representatives' ordinary negligence. I further agree, except in the event of Open Range Cowboy Church's gross negligence or willful misconduct, that I will not bring any claim or legal action against Open Ranch Cowboy Church, its employees, directors, members, officers, teachers, elders, deacons, lay-pastors, pastor, drivers, volunteers, agents and anyone associated with its employees, directors, members, officers, teachers, elders, deacons, lay-pastors, pastor, drivers, volunteers, agents and anyone associated with Open Ranch Cowboy Church.

The terms of this agreement shall be construed as the entire agreement and may not be altered, amended or modified except in writing and signed by both parties. This agreement shall be governed by the laws of the State of Texas and shall remain in effect for each activity with Open Range Cowboy Church whether on or off the premises of 7290 Hawkeye Road, Krum, TX.

I consent to and authorize the use and reproduction of all photographs and/or audiovisual materials taken of my child, my ward, my representatives, or me by Open Range Cowboy Church. Consent: Yes No

WE EACH HAVE READ THE FOREGOING RELEASE AND HOLD HARMLESS AGREEMENT, AND WE UNDERSTAND ITS TERMS AND FREELY VOLUNTARILY SIGN THE SAME.

CAUTION: THIS IS A RELEASE - READ BEFORE SIGNING!

Signature of Participant: _____ Date: _____

Signature of Participant: _____ Date: _____

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian (if minor): _____ Date: _____

This instrument was acknowledged, subscribed, and sworn to, before me this ____ day of _____, 2014.
(Month)

By: _____ on behalf of _____
(Individual, Parent or Guardian) (Individual, Parent or Guardian)

Notary Public: _____ My Commission Expires: _____
(Notary Signature)

SEAL:



7290 Hawkeye Road
Krum, TX 76249

WARNING:

**UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE),
A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE
DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM
THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES.**

- Trail Ride
- Pony Ride
- Wagon Ride
- Camp
- Clinic
- Party
- Roping
- Play Day

Name (Please print): _____ Age (if minor) _____

Additional names: _____ Age _____

_____ Age _____

Address: _____

City: _____ State: _____ Zip: _____

I understand that activities involving horses carry inherent risks and can be potentially dangerous despite all safety pre cautions. A horse may behave in a manner that result in damages to property or an injury or death to a person. Risks associated with the activity may include but are not limited to injuries caused by bucking, biting, stumbling, rearing, trampling, scratching, falling, or butting.

The horse may react unpredictably to conditions, including, but not limited to a sudden movement, loud noise, an unfamiliar environment or the introduction of unfamiliar person, animals, or objects. The horse also may react in a dangerous manner when a condition or treatment is considered hazardous to the welfare of the animal; a collision occurs with an object or animal; or a participant fails to exercise reasonable care, take adequate precautions, or use adequate control when engaging in a domesticated animal activity, including failing to maintain reasonable control of the horse or failing to act in a manner consistent with the person's abilities.

I represent that I am in good physical condition, and I am not aware of any disease or injury that would be aggravated or result in my being incapacitated or injury that would be aggravated or result in my being incapacitated or injured during any program participation except as designated herein.

There also are risks that my child, my ward, or I may take while mounting, leading, riding, feeding or otherwise interacting with horses. I also understand that my child, my ward, or I can help to minimize risks by carefully following the direction of the staff and wearing an ASTM/SET certified safety helmet. I hereby grant permission and authority to Open Range Cowboy Church and those acting on its behalf to obtain prompt medical attention in the event my child, my ward, or I may become injured. Should medical treatment be required during or following my, my child's, or my ward's participation in an activity associated with Open Range Cowboy Church, I agree that I and/or my, my child's, or ward's insurance company shall pay for all expenses related thereto.

My, my child's, and/or my ward's insurance company and policy number are:

Insurance Company _____ Policy Number: _____