

CHRIS MARGRAVE

EQUINE SERVICES

27501 Rainbow Ridge Road
Palos Verdes Peninsula, CA 90274
310-569-3985

RELEASE OF LIABILITY

THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS. **READ IT CAREFULLY**

I, _____, AM AWARE THAT RIDING, INSTRUCTION, ROPING, EXERCISING, TRAINING, HAULING AND OTHER ACTIVITIES INVOLVING HORSES AND CATTLE ARE HAZARDOUS ACTIVITIES, AND I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH TO ME AND/OR MY HORSE(S).

Please initial _____

I agree that I will not sue, or otherwise make any claim against Chris Margrave, doing business as Chris Margrave Equine Services or _____ located at _____, its officers/owners, employees, agents, leaders, instructors, contractors of volunteers, for injury, loss or damage resulting from the negligence or other acts, however caused by any employee, agent, leader, instructor, contractor or volunteer of Chris Margrave doing business as Chris Margrave Equine Services as a result of my participation in riding, roping, instruction, training, exercising, hauling of horse(s) and other such activities.

I also hereby agree to release and discharge _____, its officers, employees, agents, leaders, instructors, contractors or volunteers, from all actions, claims or demands, for myself, my heirs, or personal representatives, for death, injury, loss or damage resulting in my participation in riding, roping, instruction, training/exercising, hauling of horse(s) and other such activities. The terms of this Release shall also be binding as to any other persons or members of my family, including any minors, which may accompany me.

I am over the age of eighteen years of age/or my legal guardian has also read, initialed and signed this Release below my signature.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND CHRIS MARGRAVE DOING BUSINESS AS CHRIS MARGRAVE EQUINE SERVICES, HIS EMPLOYEES, AGENTS, INSTRUCTORS AND VOLUNTEERS, AND I SIGN THIS DOCUMENT OF MY OWN FREE WILL.

Date: _____

Signature

Print Name

Address: _____

Phone: _____

Cell _____