



**ACKNOWLEDGEMENT OF RISK  
ACCEPTANCE OF RESPONSIBILITY & RELEASE OF LIABILITY**

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**\*\* WARNING \*\***

Under Colorado law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting the inherent risks of equine activities, pursuant to Section 13-21-119, Colorado Revised Statutes.

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**Read this form in its entirety. Fill in the blanks, sign and date at bottom. Please sign one (1) release form per participant.**

I, the undersigned, hereby acknowledge that I have voluntarily applied to engage in an activity of horseback trail riding with The Rocky Mountain Fjord Horse Club.

I understand that the activity of horseback riding involves numerous risks, including loss of control, collisions and obstacles, whether they are obvious or not obvious. I and/or my family further understand that an animal, irrespective of its training and usual past behavior and characteristics, may act or react unexpectedly or unpredictably at times, and I also assume such risks.

I understand that I may encounter variation in terrain, which may result in injury or damages. I acknowledge that these are my responsibility, and I assume the risk for these hazards, including breaks, growth, debris, rocks, cliffs and other hazardous surface or subsurface conditions and obstacles, whether they are obvious or not obvious, man made or natural.

I understand that animals are unpredictable and that the risk of injury is inherent to the activity. I agree to assume all risk of injury or death caused by horseback riding, whatever the cause, except as provided by law.

As consideration for being permitted by The Rocky Mountain Fjord Horse Club to engage in the activity of horseback riding I do hereby waive any claim and release The Rocky Mountain Fjord Horse Club and all owners, officers, members, affiliated organizations, land owners, agents and or employees for any injury or death caused by or resulting from my participation in the activity of horseback riding.

This contract shall be legally binding upon my estate, assigns, legal guardians, my personal representatives, and me.

I have carefully read this agreement and fully understand the concerns. I am aware that I am releasing certain legal rights that I otherwise may have, and I enter into the contract in behalf of myself and/or my family of my own free will.

**THIS IS A RELEASE OF LIABILITY. DO NOT SIGN OR INTIAL THIS RELEASE IF YOU DO NOT UNDERSTAND OR DO NOT AGREE WITH ITS TERMS.**

Under 18 years of age, signature of parent or guardian is required

Initial: \_\_\_\_\_

## HORSEBACK RIDING PROTECTIVE HEADGEAR WAIVER

I, the undersigned, certify that I am 18 years of age, or older. I recognize the dangers inherent with horseback riding. I am assuming the hazard of the risk upon myself since I wish to ride horses. I realize I am subject to injury from this activity and that no form of preplanning can remove all of the danger that I am exposing myself to. I have been encouraged to wear a SEI CERTIFIED ASTM STANDARD F1163 riding helmet, which could prevent permanent brain damage in the event of a head injury in a horse related accident while riding. Against the advice of the Rocky Mountain Fjord Horse Club, I am refusing this critical safety precaution.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone \_\_\_\_\_

In case of  
emergency please  
notify \_\_\_\_\_ Phone \_\_\_\_\_

Emergency contact  
address \_\_\_\_\_ Alternate  
Phone \_\_\_\_\_

Signature of  
participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of  
guardian \_\_\_\_\_ Date \_\_\_\_\_

*If this is for a minor child the parent/guardian must sign this form.*

**Questionnaire** Please answer these questions to help us know a little more about you and your horse.

How would you describe your experience?  Beginner  intermediate  Advanced

Explain: \_\_\_\_\_

What is your horse's level of training? \_\_\_\_\_

\_\_\_\_\_