



CLINIC NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**LIABILITY RELEASE**  
**PLEASE READ CAREFULLY BEFORE SIGNING.**

**YOU MAY NOT PARTICIPATE IN THIS CLINIC UNLESS YOU HAVE SIGNED THIS RELEASE.**

I \_\_\_\_\_ understand that there are risks inherent in equine activities. These risks include, but are not limited to:

1. The propensity of horses to behave in ways that may result in injury, harm or death to persons on or around them and/or damage to property in their vicinity.
2. The unpredictability of a horse's reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals, regardless of its training and past behavior.
3. Other hazards such as surface and subsurface objects
4. Collisions with other horses, animals, people and objects.

I understand that the handling, use and riding of a horse involves the risk of personal physical injury, including, but not limited to, lacerations, bruises, fractures, head injuries and death. With full knowledge and awareness of these and all other dangers inherent in and related to the sport of horseback riding and equine activities, I am knowingly participating in instruction and/or training in this clinic/symposium and voluntarily engage myself (or my minor child) and/or my horse in these activities and fully assume all risks involved.

I further agree that the United States Hunter Jumper Association, Inc. (USHJA) shall not be liable in any manner for any accident, injury, damage, loss or for any other occurrence that may happen to the undersigned or the undersigned's horse as a result of the undersigned's participation in this clinic. In consideration for my (or my minor child's) participation in this clinic, I agree to fully and forever release and hold harmless the United States Hunter Jumper Association, Inc. (USHJA) from any and all liability due to injuries, claims, damages, actions or losses, economic and non-economic, which may arise out of my (or my minor child's) or my horse's participation in this clinic/symposium.

In addition, I understand and agree that this clinic/symposium and my participation in it may be photographed, videotaped, audio taped or otherwise recorded and that the photographs, videotapes or other recordings are and remain the sole and exclusive property of USHJA. The images may be reproduced, preserved, distributed and used without limitation by USHJA for any purpose, including sale.

**I HAVE READ AND UNDERSTAND THIS LIABILITY RELEASE AND AGREE TO ITS TERMS.**

\_\_\_\_\_  
**Signature ( of Parent, if Participant is under the age of eighteen)**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Print Name of Parent (if Participant is under the age of eighteen)**

\_\_\_\_\_  
**Date**