



Kelly Maddox Training, Inc.

Release Form

Name: _____

Address: _____

Telephone: _____ Age (if minor) _____ years.

Emergency Contact & Phone#: _____

Health Insurance: _____ Policy#: _____

The undersigned participant in riding, lesson, exhibitions and/or parent/guardian of the participant, hereby agrees:

To release ***Kelly Maddox Training, Inc.***, its employees, managers, agents or clients from any loss, damage, liability or injury arising out of or resulting from this riding, lesson, exhibition, clinic and/or entity therein; and

To indemnify, hold harmless and defend the owners and managers of ***Kelly Maddox Training, Inc.*** against any and all claims for loss, damage, liability or injury, however caused, resulting directly or indirectly from participation in this riding, lesson, exhibition and/or clinic, or from acts or omissions of any participant, participants agents; and

Acknowledges that activities with and around horses, horse events, horse riding and/or lessons involve inherent risks which are understood by the person(s) signing and are expressly assumed; and

In the event of injury to participant or the participant's animals, permission is hereby granted to ***Kelly Maddox Training, Inc.*** for emergency medical treatment.

Signature of Horse Owner: _____

Signature of Participant
(or parent/guardian if participant is a minor): _____

Please list any known allergies or medical conditions: _____