



Hunters Gate
Dallas Hunter Jumper Scholarship
Release Form
October 24-25th, 2020

Entries will not be accepted unless the following is signed:

Facility Provider: Hunters Gate, LLC

Beneficiary: Hunters Gate, LLC

The Sponsor, facility provider, organizer and beneficiary are hereinafter referred to as Equine Activity Sponsors. The Equine Activity Sponsors, their officers, members, employees and agents will not be responsible for any damages to person, animal or property at the show or in the grounds nor will they be responsible for any property lost or destroyed. The undersigned rider/parent/guardian hereby releases the Equine Activity Sponsors, their officers, members, employees and agents from any and all liability, claims and damages whatsoever (including costs, expenses or attorney's fees) that might result from damages, injuries, or losses to their person or property during, or in connection with or arising out of any show, clinic, event or function, whether or not such damages, injuries or losses result directly or indirectly from the negligent act or omission of such released parties.

WARNING

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

In exchange for the use of property owned by the Facility Provider and other valuable consideration, I agree that my use of the premises and any animals, facilities equipment owned by the Facility Provider is at my own risk. I further agree to indemnify and hold harmless the Equine Activity Sponsor, the Facility Provider and the Beneficiary, their officers, members, employees and agents from any and all suits, actions or claims of any type arising from my use of the premises or participation in the equine activity or such use by my guest whether such claims result from the act or omissions of the indemnified parties or otherwise.

I acknowledge that riding and involvement with horses is a high risk activity. I have read this agreement and fully understand its content.

RIDER NAME: _____

SIGNATURE OF RESPONSIBLE PARTY _____ DATED: _____
(Must be signed by rider or parent/guardian if rider is under 18 years)