

A BIT OF HORSE TIME, LLC ASSUMPTION OF RISK AND LIABILITY RELEASE FORM

***ACKNOWLEDGMENT OF RISK**

I/we intend to participate in an equestrian activity organized by or affiliated with **A Bit of Horse Time, LLC, Erin and/or Jason Siebenaler or other representatives**. I am fully aware that certain inherent and unavoidable risks and dangers are involved in any equestrian activity. I understand that these risks, hazards and dangers could result in my injury, discomfort, illness, disease, death or damage to my personal property.

***ACCEPTANCE OF RISK AND RESPONSIBILITY**

Being aware that this activity entails risks, hazards and dangers, I agree to accept and assume all responsibility and risks for any injury, discomfort, illness, disease, death and damage to myself or to my personal property arising from my participation in this activity. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate fully aware of the risks, hazards and dangers.

***RELEASE OF LIABILITY**

In consideration of being permitted to participate in this activity, I agree, pursuant to the limitations on liability pertaining to equestrian activities contained in Wisconsin Stat. 895.481, not to hold **A Bit of Horse Time, LLC** or its employees, officers, volunteers, insurers or other agents liable for any injury or damage to my person or property. **I HEREBY VOLUNTARILY RELEASE A Bit of Horse Time, LLC, ITS EMPLOYEES, OFFICERS, VOLUNTEERS, INSURERS OR OTHER AGENTS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS, OR RIGHTS OF ACTION WHICH ARE RELATED TO OR ARISE IN ANY MANNER OUT OF MY PARTICIPATION IN THIS ACTIVITY.** This release of liability includes, but is not limited to, any negligent act or omissions of **A Bit of Horse Time, LLC** or its employees, officers, volunteers, insurers or other agents which may result in my personal injury, discomfort, illness, death and damage to my property.

***ACKNOWLEDGMENT OF EFFECT OF THIS RELEASE AND AGREEMENT**

I understand and acknowledge that by signing this document, I have given up substantial legal rights and/or possible claims which I might otherwise assert or maintain in the future including, but not limited to, legal rights and claims for negligent acts or omission of **A Bit of Horse Time, LLC** or its employees, officers, volunteers, insurers or other agents. I further agree that the laws of the state of Wisconsin shall govern the terms and effects of this agreement and that proper venue will be the courts of Wisconsin.

***ENTIRE AGREEMENT**

I understand that this is the entire agreement and that no representations or issues not covered herein are a part of this agreement. The terms of this agreement can only be modified in writing executed by all parties to this agreement.

I HAVE READ THIS PARTICIPANT'S ASSUMPTION OF RISK AND LIABILITY RELEASE FORM AND UNDERSTOOD ALL OF ITS TERMS. I EXECUTE IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

_____/_____
Participant's Printed Name Participant's Signature Date

_____/_____
Participant's Printed Name Participant's Signature Date

_____/_____
Participant's Printed Name Participant's Signature Date

_____/_____
Participant's Printed Name Participant's Signature Date

_____/_____
(Participant's Guardian(s) – Printed Name/Signature required if participant is under 18 yrs old) Date