



Donny & Patti Eisenreich
 Circle E Equestrian Stables, LLC
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ROBERT GAGE

**MAY 17-19, 2014
 CLINIC**



Debra Nellis
 New Heights Hunters & Jumpers, LLC
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RELEASE OF LIABILITY AND HOLD-HARMLESS AGREEMENT

Updated January 1st, 2014

It is understood that the Student, Rider, Spectator, Visitor, and/or Guest whose signature(s) appear below and **Circle E Equestrian Stables, LLC (Patti & Don Eisenreich), New Heights Hunters & Jumpers, LLC (Debra L. Nellis), and Robert Gage** have entered into a written contract/agreement.

Now therefore:

It is mutually agreed that the undersigned assumes all the unavoidable dangers and/or risks inherent in all horse-related activities, including, but not limited to bodily injury, mental and/or physical harm or even death to horse(s), rider(s), spectator(s), auditor(s), clinician(s), volunteer(s), visitor(s), and/or guest(s), etc..

In consideration, therefore, for the privilege of: tack/equipment usage, school/lesson horse usage/rental, riding, leasing, riding and/or auditing clinics, seminars, showing, lunging, feed/tack/equipment sales, jumping, use of jumps, training, taking lessons, using/renting the facility/arenas, walking around and/or swimming in the pond with or without horse(s), trailer/horse trailer storage, feed/tack/equipment storage, use of kitchen/concession stand, or simply just working with and/or around horses or at the stable, which also includes participating or in the presence of the transportation of any of the below undersigned and/or delivering/transporting of horse(s), administering medication to horses, caring for horses, boarding and/or all equine services provided, etc. with/by **Circle E Equestrian Stables, LLC, New Heights Hunters & Jumpers, LLC, and Robert Gage** and/or under the instruction, training and/or supervision of the instructor/trainer the undersigned does hereby agree to hold harmless and indemnify **Circle E Equestrian Stables, LLC (Patti & Don Eisenreich, New Heights Hunters & Jumpers, LLC (Debra L. Nellis) and Robert Gage**, management, horse owners, stable owners, employees, independent contractors, working students, boarders, auditors and/or students/riders, and further release them all from any and all liability, responsibility, misjudgments, and/or any acts of accidental negligence for any accident, damage, injury, illness, lost or stolen items, loss of society, loss of companionship, and/or any loss of compensation or even death to any of the below undersigned or to any horse(s) owned, leased, or borrowed by the undersigned or to any family member, friend, and/or any spectator accompanying the undersigned.

“NOTICE: A PERSON WHO IS ENGAGED FOR COMPENSATION IN THE RENTAL OF EQUINES OR EQUINE EQUIPMENT OR TACK OR IN THE INSTRUCTION OF A PERSON IN THE RIDING OR DRIVING OF AN EQUINE OR IN BEING A PASSENGER UPON AN EQUINE IS NOT LIABLE FOR THE INJURY OR DEATH OF A PERSON INVOLVED IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, AS DEFINED IN SECTION 895.481 (1) section (e) OF THE WISCONSIN STATE STATUTES.”

I/WE HAVE READ AND UNDERSTAND THE ABOVE RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT, AND THE WISCONSIN STATE STATUTES REGARDING EQUINE ACTIVITIES. WE UNDERSTAND THAT HORSES HAVE THE POTENTIAL TO BE UNPREDICTABLE AND DANGEROUS. I/WE/OUR CHILD(REN) UNDERSTAND THAT WE ARE RIDING, WORKING WITH AND/OR JUST BEING AROUND HORSES AT OUR/THEIR OWN RISK.

Student/Rider/Auditor/Spectator/Guest (if 18 years of age or older)

Name (please print) _____ **Signature** _____ Date _____
 Address _____ City/State _____ Zip _____
 Telephone: _____ Mobile: _____ Email: _____

Name of parent(s)/guardian if Student/Rider/Auditor/Spectator/Guest, Etc. is a minor (please print)

Mother/Father/Guardian (Please Print) _____
Signature of Parent/Guardian _____ Date _____
 Minors Name (Please Print) _____ Minors Age/DOB _____
 Address _____ City/State _____ Zip _____
 Telephone _____ Mobile _____ Email _____

MEDICAL AUTHORIZATION FOR TREATMENT AND/OR CARE OF AN ADULT OR MINOR IN AN EMERGENCY SITUATION AGREEMENT

In the case of an emergency please contact: _____ Relationship: _____
 Telephone: _____ Mobile: _____ Misc. #: _____
 Misc. Information (ie: Allergies, Etc.) Please Explain: _____

If unable to reach the above party, I/We, _____, the parents of the above listed minor and /or I, _____ the adult rider/auditor do hereby consent to any x-ray exam, anesthetic, medical or surgical diagnosis, or treatment and hospital services that may be rendered to the said minor or myself, the adult listed above, under the general or specific instructions of any physician at any accredited hospital should the need arise. It is understood that this consent is given in advance of any diagnosis to treatment which may be required, but is given to encourage first responders, EMT, hospital staff and such physicians to exercise their best judgment as to the requirements of such diagnosis and/or treatment. The undersigned will be responsible to pay all fees for doctors, hospitals, ambulances, and any other medical charges reasonable and necessarily incurred.

I HAVE READ & UNDERSTAND THE ABOVE MEDICAL AUTHORIZATION FOR TREATMENT and/or CARE IN AN EMERGENCY SITUATION AGREEMENT.

Rider or Auditor **Signature** or (Parent/Guardian if rider auditor is a minor) _____ Date _____

PLEASE KEEP A COPY OF THIS ARGREEMENT FOR YOUR RECORDS