(CASH ONLY AFTER THIS DATE) (TBD) You may call to advise us your attending and pay by credit card and this will hold your spot for reservation.



WILD HORSE FOUNDATION
P.O. BOX 692
FRANKLIN, TX 77856
(979) 676-1650
HTTP://WILDHORSEFOUNDATION.ORG

PARTICIPANTS RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

I understand that being around horses is inherently dangerous because they are living creatures and are not predictable.

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

In consideration for being allowed entry into and participating in activities (the "Activities") associated with the Wild Horse Foundation, Inc., the undersigned hereby releases and discharges the Wild Horse Foundation, their insurance carriers, their legal representatives; their present and former corporate parents, subsidiaries, affiliates, predecessors, and successors, their present and former directors, officers, employees, agents and representatives, and the respective heirs, administrators, executors, successors, and assigns of any of the foregoing, Wild Horse Foundation, from any and all claims, causes of action, suits, or demands for personal injury, death or property damage, accrued or to accrue in the future known or unknown, relating to or arising out of any negligent, grossly negligent and/or intentional acts on the part of the Wild Horse Foundation undersigned in connection with the undersigned entry into and participation in the activities. The undersigned further agrees, on behalf of himself/herself and on behalf of any and all of his/hers heirs, successors and assigns, to expenses and legal fees incurred in defending the same, made by, through or against the undersigned or on his/her behalf, relating to or arising out of any negligent, grossly negligent and/or intentional acts on the part of the Wild Horse Foundation and the undersigned in connection with the undersigned's entry into participation in the activities. I further agree to venue in Harris County, Texas for all purposes. The undersigned warrants that he/she has read this agreement and fully understands it to be a release of all claims, known or unknown, present or future, that he/she has or may have against Wild Horse Foundation.

The undersigned GRANTS PERMISSION to be PHOTOGRAPHED or INTERVIEWED in connection with the activities. The undersigned understands that any such photograph or interview may be used by the Wild Horse Foundation or television, film, video, visual,

graphic or printed media. The undersigned agrees to RELEASE and INDEMNIFY the Wild Horse Foundation with respects to any Claims related to the usage of such photographs or interviews by the Wild Horse Foundation or any media. Participants may not take photographs without written permission from the WHF.

I HAVE READ THE RELEASE OF LIABILITY AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITH ANY INDUCEMENT.

SIGNATURE:	AGE:
PRINTED NAME:	DATE:
ADDRESS:	
FOR PARENTS/GUARDIANS O	OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE OF 18 AT DATE THIS AGRI	EEMENT IS SIGNED)
person, do consent and agree to his/her Foundation parties, and, for myself, my he indemnify and hold harmless the Wild Ho incident to my minor child's involvemen above. EVEN IF ARISING FROM NEGLIGEN	an with legal responsibility for the above named release as provided above of all the Wild Horse eirs, assigns, and next of kin, I release and agree to bree foundation parties from any and all liabilities to f participation in these programs as provided NCE, GROSS NEGLIGENCE OR INTENTIONAL ACTS TIES, to the fullest extent permitted by law.
SIGNATURE:	DATE:
PAREN	T/GUARDIANS
PRINTED NAME OF PARENT / GUARDIAN	I(S):

Return form to grfield@wildhorsefoundation.org or by Mail

Wild Horse Foundation P. O. Box 692 Franklin Texas 77856