**PLATINUM FARMS, LLC (303)229-1081**

**LIABILITY RELEASE FORM**

Please read carefully before signing. Serious injury or death may result from your participation in this activity. Platinum Farms and your instructor do not guarantee your safety.

### GRANT OF PERMISSION AND EXEMPTION FROM LIABILITY

“Upon my acceptance of horse and equipment, I acknowledge that the use, handling and riding of a horse involves a risk of physical injuries to any individual undertaking such activities: and a horse, irrespective of its training and usual past behavior and characteristics, may act or react unpredictably at times based upon instinct or fright which, likewise, is an inherent and accepted risk assumed by a horseback rider. The undersigned agrees to hold harmless and releases Rochelle Costanza and/or Platinum Farms, L.L.C., its Insurers and employees, of all responsibility and risk of injury to persons, horses and equipment, from whatsoever cause, while on the grounds of 985 N. Bluff Dr., Franktown, Colorado.”

**Under Colorado Law, an equine professional is not liable for an injury to, or death of a participant in equine activities resulting from inherent risks of equine activities pursuit to sections 13-21-120, Colorado Revised Status.**

Initial here:\_\_\_\_\_“I further agree that should emergency medical treatment be required, I and/or my own accident/medical insurance company shall pay for all such incurred expenses”.

Initial here:\_\_\_\_\_\_“I understand that Platinum Farms’ insurance company requires all riders to wear a helmet when mounted at all times. I understand that not wearing a helmet when mounted has proven to greatly increase the risk of severe brain damage or death resulting from a fall off of a horse. I also understand that I am not allowed to jump unless under a trainer’s supervision.

This agreement shall be effective and binding upon the parties hereto from the date indicated. **The parties hereto acknowledge having read and understood this agreement.**

Rider Signature (parent if under 18)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_

Print Rider’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rider’s/Parent’s Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rider’s Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Person/phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainer you are schooling with:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any allergies to medications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any previous injuries or medical conditions that a physician should know about

before administrating any medical care:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_