



United States Eventing Association
Sponsored Educational Activity

TRIPLE H EQUESTRIAN CENTER, LLC

Box 397, Monument, OR 97864

(541) 934-2088 • tripleh@my180.net • www.triplehequestriancenter.com

Riding Activity Release Form

Clinic, Riding Lesson, Seminar, Schooling Show equestrian activity.

Activity: _____

Date(s): _____ Location: _____

I have agreed to participate in the activity noted above, on the dates specified. I agree that my participation is subject to the conditions in this release.

I agree to wear protective headgear while riding. When jumping I agree to wear said headgear with harness attached which meets or exceeds the standards set by ASTM/SEI standards.

I understand that any equine activity is a potential high risk sport, and that my participation in this educational activity involves participation in an "equine activity" as defined by applicable laws and is wholly at my own risk. I understand that my participation involves all inherent risks associated with the dangers and conditions which are an integral part of equine activities, including but not limited to, the propensity of equines to behave in ways that may result in injury, harm or even death to humans or other animals near or around them: the unpredictability of equine reaction to sounds, sudden movements, smells and unfamiliar objects; persons or other animals; hazards related to surface and subsurface conditions; collisions with other equines or objects; and, the potential of a participant to act in a negligent or unskilled manner which may contribute to the injury of the participant or others, including failing or inability to maintain control over the animal. By participating in this activity *I agree* to assume responsibility for those risks, and *I release* and agree to hold harmless the activity organizer, instructor, volunteers, employees and owner(s) of any property on which this activity is held, from all liability for negligence resulting in accidents, damage, injury or illness to myself and to my property, including the horse(s) which I may ride.

I understand and agree that the organizer, instructor, property owner where this equine activity is taking place has the right to cancel this activity, refuse any entry, and to prohibit, stop or control any action during the activity which is deemed to be improper or unsafe.

**This form must be filled out completely and signed
if you wish to participate at this facility.**

Participant's name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ e-mail: _____

SIGNATURE: _____ DATE: _____

(If participant is under 18, parent or guardian must sign release)