

Cowboy Dressage Clinic (date) _____, 2020 with Clinician, Pam Bowen, or other

Host Farm Name _____

Rider Name _____ Horse's name _____

Cell Phone _____ Emergency number Contact and # _____

Email Address _____ Payment in full \$ _____

2020 AGREEMENT AND LIABILITY RELEASE, AND ACKNOWLEDGMENT OF RISKS. PLEASE READ CAREFULLY BEFORE SIGNING

WARNING

Under Indiana law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

I agree to the following agreement with PAMELA BOWEN and (Host farm name _____).

I represent that I am now and will be at all times while on or near the HOSTS Owner's property, I am covered by accident/medical insurance, as described below, or I have sufficient funds to pay the costs of my own medical care, I also give permission to have Pam to send me to the hospital if needed in an emergency situation.

My insurance company is: _____ Policy Number: _____

Doctor Name: _____ Existing medical conditions _____

All parts of this agreement shall apply to me, and the children/legal wards listed above. [We will collectively call ourselves "me," or "my" throughout this agreement.] This agreement is binding at any time when Horse Owner, now or in the future, permits me (directly or indirectly) to be near, handle and/or ride WAH horses and any other horse(s) owned wholly or in part or leased by Pamela Bowen/WAH/ PMCB Enterprises, Inc. at any location.

IT IS HEREBY AGREED AS FOLLOWS:

1. I have voluntarily requested to be near, and take instruction by Pamela Bowen, or aka WAH, or PMCB Enterprises, Inc.
2. *Inherent Risks.* I understand that anyone riding, handling, or being near a WAH horse (equine) can suffer bodily and other injuries and that there are inherent risks of equine activities, which include but are not limited to the following: the propensity of a horse to behave in ways that may result in injury, harm, or death to persons on or around it; the unpredictability of a horse's sudden reaction to such things as, sound, sudden movement, unfamiliar objects, people, or other animals; hazards such as surface or subsurface conditions; collisions with other equines or objects, and many others. I also understand that anyone riding or near a horse can suffer bodily and other injuries. Among other things, horses are unpredictable by nature. For example, when frightened, angry, or under stress, a horse's, natural instincts are to jump forward or sideways, or run away from danger by trotting or galloping. Horses are also known to kick buck, back up, rear up, strike, or bite. I know that horses can do any of these things without warning. **I understand these inherent risks and dangers, and I voluntarily agree to assume them. I recognize that these are just some of the inherent risks and I am not relying on Horse Owner to list all of them.**
3. *ASTM/SEI Protective Equestrian Headgear.* Horse Owner has advised me that I should purchase (or one will be provided by WAH) and wear properly fitted and secured ASTM-standard/SEI-certified protective equestrian headgear when riding, handling, or being near a "WAH" horse(s) owned wholly or in part, leased or borrowed by Pamela Bowen.
4. Liability Release: I agree to assume full responsibility for any and all bodily injuries or damages which I may sustain while engaging in these activities. The term "damages" means, for example, medical expenses; losses incurred because of bodily injury or property damages, and/or personal property damages. I, for my heirs, administrators, personal representatives or assigns, fully release and discharge Pamela Bowen, and their respective employees, independent instructors, agents, managers, trainers, heirs, representatives, assistants, insurers, assigns, and others acting on their behalf of and from all claims, demands, actions, omissions, rights of action, or causes of action (present and future), whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my bodily injury or damage that

may be sustained, or property damage which may occur as a direct or indirect result of my riding, handling caused the damage intentionally or in reckless disregard for my safety.

5. Indiana law shall govern this Agreement and Liability Release, and Acknowledgement of Risks, and this document can only be modified in writing and signed by me and Pamela Bowen. Should any clause conflict with Indiana law, that clause will be null and void and the remainder of this document shall remain in effect. If I breach this Agreement and Liability Release, and Acknowledgement of Risks, I agree to pay Horse Owner's attorney's fees and court costs.

6. ALSO, I REPRESENT THAT: I AM OVER 18 YEARS OF AGE, OF SOUND MIND AND NOT SUFFERING FROM SHOCK OR UNDER THE INFLUENCE OF ALCOHOL, DRUGS, OR INTOXICANTS. I HAVE READ THIS ENTIRE AGREEMENT AND LIABILITY RELEASE (BOTH PAGES), UNDERSTAND IT, AND I AGREE TO BE BOUND BY ITS TERMS; AND THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE.

_____I agree to pay 100% of the 1 day fee _____(includes lunch) for the Cowboy Dressage Clinic on
(date)_____OR

_____I agree to pay 100% of the 2 day fee @ _____fee (includes lunch) for the Cowboy Dressage Clinic on
(date)_____

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Signature of Contracting Party: Rider)_____ Date of Signature: _____

Signature of Pamela Bowen: Pamela Bowen Date of Signature: 1/2//2020

Make checks payable to Pam Bowen

Pamela Bowen
Owner/Instructor of Wild About Horses Equestrian Center
Ambassador / Clinician for Cowboy Dressage World
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765-714-7403
Please note my email change!
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