

GENERAL RELEASE



Participant's name _____ **Parent/guardian's name** _____
Telephone (home) _____ (work) _____ (cell) _____
Home address _____
E-mail address _____

I, _____, individually and in my capacity as legal guardian of _____ **(participant)** hereby release and hold harmless Glen Everson, Corrine Everson, Maggie Everson, Anna Everson, Dana White, Carolyn White, Kara Connelly, Janet Wendt, Abby McCleod, Raechel Lukowski, LuAnne Roberts, Colin Ciafullo, Regan Doyle, and Sunset Trails Stables, LLC, all owners and agents of a lesson horse and/or privately owned horse being used for a "lesson horse", from any and all liability as a result of any injury or loss sustained by _____ **(participant)** while on or off the property of Sunset Trails Stables, Lee's Summit, Missouri. I also release and hold harmless the above mentioned parties from any liability as a result of any negligent acts or any injuries or losses sustained by _____ **(participant)** while riding, taking horseback riding lessons, free riding, or handling any horse, improvements, or mechanical/equine equipment kept on the property of Sunset Trails Stables (or off the property at any horse show or trail ride). I also assume full responsibility for the actions of any and all observers I bring onto the Sunset Trails property and I fully understand the risks of having observers (youth or adult) or guests on the Sunset Trails property.

This release and hold harmless agreement is valid regardless of the ownership of the horse(s), improvement(s), or equipment, ridden or used or handled, regardless of whether the horseback riding occurs on or off the property of Sunset Trails Stables.

Print Name: _____ Signature: _____
(Date)

FOR MINOR: I hereby represent that I am the guardian of _____ **(participant and/or guest)** and that I have exclusive authority to release and hold harmless the parties herein above mentioned for any injuries or losses sustained by _____ **(participant and/or guest)**.

Print Name: _____ **Legal Guardian Signature:** _____
(Date)

FOR ALL: MEDICAL AUTHORIZATION

I further grant to the above-mentioned parties the authority to seek treatment for _____ **(participant)**. This authorization is perpetual and a photocopy shall constitute an original.

Print Name: _____ **Self/Legal Guardian Signature:** _____
(Date)

Under Missouri State Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risk of equine activities pursuant to the Revised Statutes of Missouri.