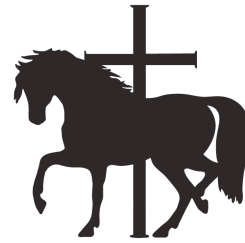


# Iron Horse Christian Youth Ranch



Equine Education \* Riding Instruction \* Horsemanship \* Horse Rehabilitation

ihcyranch@yahoo.com

5840 Meridian Road, Falcon, CO 80831  
(719) 243-0843

www.ihcyranch.org

### ONSITE / OFFSITE RELEASE

IHCYR, Iron Horse Ranch, Susan Kamlan, Jan / Joe Notsch, Pat / Tom Unhultz, William / Francine Althoff, LeRoy / Twyla  
Walter, Faith McNaulty

Clinic / Riding Instruction / Equine Education / Horse Training / Horse Boarding / Horse Breeding / Therapeutic Riding

I, \_\_\_\_\_, HEREBY ACKNOWLEDGE that I have voluntarily applied to participate in instruction and training, selection, care, handling and riding of horses with IHCYR / IHR, such instruction to take place on the premises at 5840 Meridian Road, Falcon, CO, owned by Susan Kamlan, Sponsor and Sponsors.

**I AM AWARE THAT ACTIVITIES INVOLVING HORSES CAN BE INHERENTLY DANGEROUS AND HAZARDOUS AND I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH. IN CONSIDERATION** for being permitted to participate in said instruction and training, I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Susan Kamlan, each and every agent board member, employee, volunteer, or rider thereof, and the Sponsor or Sponsors named above, all for the purposes herein referred to as Releasees, from all liability to myself, my legal representatives, distributes, guardians, assigns, heirs, and next of kin all for purposes herein referred to as "Releasers"; for injury, death or damage resulting from my participation in said instruction and training as a result of the negligence of Releasees or any employee, servant, agent or contractor of Releasees. I FURTHER RELEASE AND DISCHARGE Releasees from all liability to Releasers for injury, death or damage resulting from my participation in said instruction and training as a result of the negligence of any other party or parties in attendance. In addition, I HEREBY RELEASE AND DISCHARGE Releasees from all actions, claims or demands Releasee or now have or may have for injury, death, or damage resulting from my participation in such activities. I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS releases and each of them from loss, liability, damage, or cost that they, or any of them, may incur due to my participation in said instruction and training. I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to the negligence of Releasees or any of them or employees, servant, agent, or contractor of Releasees resulting from my said instruction and training. **I REALIZE that there are inherent risks involved in equine activities, and that it is the propensity of an equine to behave in dangerous ways which may result in the injury of the participant and the inability to predict and equine's reaction to sound, movements, objects, persons or animals and hazards of surface or subsurface conditions.** The undersigned assumes the unavoidable risks inherent to all horse-related activities including to but not limited to bodily injury and physical harm to horse, rider, and spectator, including any horse owned by the undersigned, or horse owned by IHCYR or IHR, Susan Kamlan or any horse used by IHCYR, or to any family member or spectator accompanying the undersigned on the premises. **I HAVE CAREFULLY READ THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND IRON HORSE CHRISTIAN YOUTH RANCH, IRON HORSE RANCH, and SUSAN KAMLAN AND I SIGN IT OF MY OWN FREE WILL** and further agree that on oral representations, statements or inducements apart from the foregoing written agreement have been made. **I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS. I UNDERSTAND THAT I ASSUME ALL RISK INHERENT IN ACTIVITIES WITH HORSES. I VOLUNTARILY SIGN MY NAME OR MY MINOR CHILD'S NAME EVIDENCING ACCEPTANCE OF THE ABOVE PROVISIONS.**

Signature of Applicant \_\_\_\_\_ Name(s) of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Guardian for Minor \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Witness of Signature of Applicant or Guardian for Minor \_\_\_\_\_ Date \_\_\_\_\_

Witness of Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_