

**MIRACLES THERAPEUTIC RIDING CENTER
RIDER RELEASE**

WARNING: Under Colorado law, an equine professional is not liable for an injury or the death of a participant in an equine activity resulting from the inherent risks of equine activities, pursuant to Section 13-21-119 of the revised statutes.

I hereby acknowledge that I will take full responsibility for any injury that may occur to me or anyone in my party while on the property known as M&M Equestrian Center located at 11051 Jasper Road, Lafayette CO 80026, operated by Joan Mateo. This includes any injury that may occur to me, or anyone in my party, under instruction by MIRACLES THERAPEUTIC RIDING CENTER.

Therefore, in consideration of the permission extended to me and anyone in my party by Miracles Therapeutic Riding, I hereby, for myself and those in my party, our heirs, executors and administrators, remise, release, and forever discharge Miracles Therapeutic Riding Center, M&M Equestrian Center, and the respective owners, officers, agents, and employees and volunteers acting officially or otherwise from any and all claims, demands, actions or causes of action, due to my death or the death of anyone in my party or on account of any injury to me or anyone in my party which may occur from any cause while on the property.

I hereby indemnify and agree to hold harmless against Miracles Therapeutic Riding Center and M&M Equestrian Center all loss, damage, expense and/or penalty on account of any injury to my person, my guests, or my horse or damage to the property, whether from the actions of the owners, their agents or their animals; and further, release Miracles Therapeutic Riding Center, M&M Equestrian Center and their respective owners or their respective animals; and to my horse, or my equipment for any cause within or beyond the control, or not the fault of Miracles Therapeutic Riding Center, M&M Equestrian Center and their respective owners.

Signed _____ (Rider) Date _____

Signed _____ (Parent) Date _____

Name of Rider _____ Age _____

Address _____

Phone _____

Emergency Contact _____ Phone _____

E-mail Address _____