

2018 Clinic Release Form

Dolly Hannon, Clinician

IaDCTA with Robin Sprafka, Sponsors

Including but not limited to Equestrian and/or private Facilities located at Middle River Ranch,
Winterset IA,

RIDER CONSENT AND RELEASE FORM - READ CAREFULLY BEFORE SIGNING

Acknowledgement, waiver, consent and release from liability:

UNDER IOWA LAW, A DOMESTICATED ANIMAL PROFESSIONAL IS NOT LIABLE FOR DAMAGES SUFFERED BY, AN INJURY TO, OR THE DEATH OF A PARTICIPANT RESULTING FROM THE INHERENT RISKS OF DOMESTICED ANIMAL ACTIVITIES, PURSUANT TO IOWA CODE CHATER 673. YOU ARE ASSUMING INHERENT RISKS OF PARTICIPATING IN THIS DOMESTICATED ANIMAL ACTIVITY.

I, _____, acknowledge that Equestrian Training is physically challenging and carries with it the potential for death, disability and possible property loss, including but not limited to injury or death to the horse. I hereby assume any and all risks involved in participating in Equestrian Training programs or activities and the use of the property and facilities at the location of my Equestrian Training.

IN CONSIDERATION OF **Dolly Hannon** (hereinafter "Clinician"), Robin Sprafka (hereinafter "Sponsor"), Iowa Dressage and Combined Training Association (hereinafter "IaDCTA") and Middle River Ranch (hereinafter "MRR") permitting me to participate in Equestrian Training Program and activities and to have access to the property and facilities which are part of the program, I hereby agree for myself, my executors, administrators, heirs, next of kin, successors and assigns, to waive, release, discharge, and agree not to sue, Clinician or Sponsors, Clinician or Sponsor's employees, including independent instructors with whom Clinician or Sponsors have contracted to provide instruction on the premises or off, Clinician or Sponsor's successors, agents, and assigns and Clinician or Sponsor's Landlord, its shareholders, its directors, officers, successors, agents and assigns, from or for any and all liability resulting from death, disability, personal injury or property damage, including but not limited to injury or death of the horse, as a result of my participation in any Equestrian Training programs or activities.

FURTHER, in consideration of permitting me to participate in the Equestrian Training program, I agree to INDEMNIFY, DEFEND AND HOLD HARMLESS Clinician or Sponsors, Clinician or Sponsor's employees, including independent instructors with whom Clinician or Sponsors have contracted to provide instruction on the premises or off, Clinician or Sponsor's successors, agents, and assigns and Clinician or Sponsor's Landlord, its shareholders, its directors, officers, successors, agents and assigns, from and against any and all losses, liabilities, damages, costs and expenses (including but not limited to, reasonable fees and disbursements to legal counsel and other profession advisors) suffered or incurred by other individuals or entities as a result of any of my actions during my participation in Equestrian Training and activities.

I hereby certify that I have read this document and I understand its contents and agree to be bound thereby.

Rider / Participant (Minors, please have parent or legal guardian sign) Date

Witness Date