

PARTICIPANT'S ACKNOWLEDGEMENT OF ASSUMPTION OF THE RISK, RESPONSIBILITY FOR POSSIBLE INJURY AND RELEASE OF LIABILITY

NOTICE: NO INDIVIDUAL MAY BE MOUNTED ON ANY PART OF THE GROUNDS WITHOUT COMPLETING A WAIVER OR HAVING ONE EXECUTED ON THEIR BEHALF.

I understand that during my participation in events sponsored by or coordinated by Big Sky Equestrian Association (hereafter "BSEA"), I may be exposed to a variety of hazards and risk, not all readily foreseeable, that are inherent in any contact with equines defined by Montana Code Annotated §27-1-725(2) as " a horse, pony, mule, donkey, or hinny."

In exchange for my acceptance as a participant in this outing, and for the services and amenities provided by BSEA, I confirm my understanding of the following:

That there is an inherent risk in any sport associated with equines. Further, such sports are "high risk" and require a basic understanding and skill level to safely work with and control such animals.

That included in the risk associated with participation in equine events is the possibility that an animal being used in the event may act in such a manner as that may result in injury to the rider, the animal, or spectator. Participants for purposes of this waiver include riders, auditors and spectators as well as all individuals who are present at and for the event.

That there are certain conditions that can affect the behavior of an animal, including but not limited to: Unfamiliar objects encountered on the grounds or in the area, unfamiliar sights or smells, unfamiliar animals or persons, collisions with other animals or riders, negligent acts of other participants, including but not limited to failure to control their animal(s) and falling from their animal. I understand that these conditions may result in injury to myself or my animal(s).

That I am engaged in equine activities as defined by Montana Code Annotated § 27-1-726(a-d) and I specifically warrant that these activities do not include any type of racing involving equines.

That it is my responsibility, prior to bringing my animal(s) onto the property wherein the event is scheduled to be held, to examine all areas where my animal(s) or I may travel in the course of participation. These areas include, but are not limited to: Staging or unloading area, warm-up area, stable, barn, or other location designated by the landowner or BSEA as a holding area for the animals. The purpose of this examination is to look for obvious or hidden dangers or obstacles that may result in injury either to myself or to my animal(s).

That it is my responsibility to identify, prior to the start of the event, all spectator areas such as bleachers, concessionaires' areas or those areas where spectators are located. Further, I understand that it is my responsibility not to take any animal into an area where spectators are located.

That BSEA does not rent, let or otherwise provide equestrian equipment, ("tack") for use by participants. Further, BSEA does not warrant any tack that a participant may use for fitness or safety.

That there are protective devices such as SEI/ASTM certified protective riding helmets that can greatly reduce the risk of head injury associated with falls or being "thrown" from a horse. I understand that it is my responsibility to provide my own protective head gear and wear it at all times while mounted. At this time I am WEARING / DECLINING to wear a protective vest while jumping cross country. _____(please initial and date.)

To the fullest extent allowed by law, I agree to **WAIVE, DISCHARGE CLAIMS AGAINST, AND RELEASE FROM LIABILITY**, BSEA, its officers, directors, employees, agents, event organizers, and members, as well as the landowner from whom the event area or arena is rented from any liability on account of, or in any way resulting from damages or injuries sustained in connection with this event.

I have read the foregoing in its entirety and I freely and voluntarily assume all risk of such injuries and damages and notwithstanding such risks, I agree to participate in this event.

Name of Participant

Signature of Participant

Date: _____

Signature of Parent or Guardian

Event and Location: Jutta Schott Clinic, Sheila Ruble's Farm Date of Event: _____

2009 Jutta Schott Clinic Entry Form

Enclosed please find a check made out to Big Sky Equestrian Association (BSEA) in the amount of \$_____ Mail entry, signed waiver and check to Diane Erhart, 125 A Pope Road, Park City MT, 59063
Lesson cost is **\$85.00** per 45 minutes.

	A.M.	P.M.	Clinic Date (circle one)
I would like to ride on Fri _____ (# of lessons) _____			May 8-10 June 5-7
Sat _____ (# of lessons) _____			August 28-30 Sept 25-27
Sun _____ (# of lessons) _____			

Name:	
Phone:	
Address:	
City, State Zip:	
e-mail:	

Clinic location: Sheila Ruble's, 4938 North Hwy. 3 Billings, MT (406-245-2366)

Overnight stabling is available at local area barns, but none at the clinic site. Contact clinic organizers for information.

Do not bring dogs.