

## **VOLUNTARY RELEASE ASSUMPTION OF RISK AND INDEMNITY AGREEMENT (COLORADO)**

I, \_\_\_\_\_, HEREBY ACKNOWLEDGE, that I have voluntarily applied to participate in instruction and training, care, handling and riding of horses with **Randy Helm, Brandy Stevenson, Kathy Klix and Matt Lawlor**, such instruction to take place on the premises of **Montezuma County Fairgrounds, 30100 US – 160, Cortez, Colorado 81321**.

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:

1. I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE **Randy Helm, Brandy Stevenson, Kathy Klix or Matt Lawlor, the Montezuma County Fairgrounds or the Four States Ag Expo board which includes its Directors, Management, Staff, Volunteers, Guests and family of these; "Presenter" includes contracting individual or business entity, and any staff, personnel, guests, family and volunteers under Presenter's direction.** Individually, or rider thereof, all for the purposes herein referred to as "Releasees", from all liability to myself, my legal representative, 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 presence and/or 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 Releasers now have or may hereafter have for injury, death, or damage resulting from my presence and/or participation in such activities.
2. I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS Releasees and each of them, from any loss, liability, damage, or cost they, or any of them, may incur due to my presence and/or participation in said instruction and training.
3. 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 of any employee, servant, agent, or contractor of Releasees resulting from my presence and/or participation in said instruction or training.
4. I EXPRESSLY acknowledge that activities involving horses involve INHERENT RISKS which mean that there are dangers or conditions which are an integral part of horse activities and include, among other things, the propensity of a horse to behave in ways that may result in injury, harm or death to persons on or about them; and the unpredictability of a horse's reaction to such things as sounds, sudden movement and unfamiliar objects, persons, or other animals.

**WARNING: UNDER COLORADO LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO SECTION 13-21-119, COLORADO REVISED STATUTES.**

I HAVE CAREFULLY READ THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND RELEASEES AND I SIGN IT OF MY OWN FREE WILL and further agree that no 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 ACITIVITIES WITH HORSES. I VOLUNTARILY SIGN MY NAME EVIDENCING ACCEPTANCE OF THE ABOVE PROVISIONS.

Name of Applicant \_\_\_\_\_ Phone Number \_\_\_\_\_

Address of Applicant (City, State, Zip ) \_\_\_\_\_

Email address \_\_\_\_\_

Signature of Applicant ("Releasor") \_\_\_\_\_

Guardian for Minor \_\_\_\_\_

**All horses must have a current health certificate and Coggins**

Please send a signed, dated copy of this agreement to:

**Four States Agricultural Exposition  
Drawer RR, Cortez, CO 81321  
Or email to:**

**[info@FourStatesAgExpo.com](mailto:info@FourStatesAgExpo.com)**

**[fourstatesagexpo.com](http://fourstatesagexpo.com)**

**970-529-3486**