

# Boulder County Horse Association (BCHA) Release of Liability Agreement

BCHA, PO BOX 19601  
Boulder CO 80308-2601

Online: BoulderHorse.org  
E-mail: info@boulderhorse.org



This agreement is made and entered into on \_\_\_\_\_ by the person signing this agreement below.

This agreement is in effect for the event to take place on \_\_\_\_\_ at \_\_\_\_\_.

## I HEREBY AGREE TO THE FOLLOWING:

1. That I, the undersigned, do for myself or on behalf of my child or legal ward, voluntarily request to participate in this event.
2. That I acknowledge that there are inherent risks associated with equine activities and hereby expressly assume all risks associated with participating in such activities.
3. That I have read and understand the following disclaimer: Warning: Under Colorado law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Section 13-21-119, Colorado Revised Statutes.
4. That I understand I am responsible for the actions of my horse or any horse procured for my participation, or of any such horse of my child or legal ward, whether the horse is mounted or unmounted.
5. That in no way is BCHA, its members, or the officers of BCHA responsible for any incident or injury resultant from or related to this event.
6. That I understand I am responsible for bodily injury or property damage which I or my child or legal ward should sustain while participating in this event or while traveling to or from this event.
7. That I am responsible for any time that I or my child or legal ward may lose from employment or school or other activity, and for medical expenses or any other expenses incurred because of such bodily injury or property damage; and that I hereby, for my heirs, administrators and assigns release and discharge the members, board of directors, and sponsors and their respective servants, agents, officers and all other participants of and from all claims, demands, actions and causes of action for such injuries sustained to my person and/or property.
8. That I will allow BCHA to use any photographs of me, my child or legal ward, for use in public relations efforts, and waive all rights you may have to any claims for payment or royalties in connection with any use.
9. That this agreement is entered into in the state of Colorado and will be interpreted and enforced under the laws of Colorado.

**I, THE UNDERSIGNED, BEING OF LEGAL AGE AND OF SOUND MIND AND NOT BEING UNDER THE INFLUENCE OF ALCOHOL, DRUGS, OR INTOXICANTS, HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT AND RELEASE.**

(PLEASE PRINT)

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Age

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian (IF UNDER 18 YEARS OF AGE)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Legal Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Business Phone