

# GHM Clinics, Inc

## RELEASE, WAIVER AND HOLD HARMLESS AGREEMENT

The undersigned assumes the unavoidable risks inherent in all horse related activities, including but not limited to the following:

- That the horse may behave in ways that may result in injury, death or loss to persons on or around the equine.
- The equine is unpredictable and may react to sound, sudden movement, unfamiliar objects, persons or other animals.
- The equine may cause injuries because of the surface and subsurface conditions on which they are ridden.
- An equine may cause injury by colliding with another equine, people or objects.
- The injury may be caused to you, your horse, or your property while participating in an equine activity because another participant may not maintain control of their animal.

The inherent risks include but are not limited to bodily injury and physical harm to horse, rider and spectator.

In consideration, therefore, for the privilege of riding, and/or working around horses at Beverly Equestrian, the undersigned does hereby agree to Hold Harmless and Indemnify GHM Clinics, Inc. and/or George H. Morris and further release them from any liability or responsibility for accident, damage injury, or illness to the undersigned or to any family member or spectator accompany the undersigned on the premises.

### WARNING

"Intrinsic dangers of equine activities" means those dangers or conditions that are an integral part of equine activities, including but not limited to, (i) the propensity of equines to behave in ways that may result in injury, harm, or death to persons on or around them; (ii) the unpredictability of an equine's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; (iii) certain hazards such as surface and subsurface conditions; (iv) collisions with other animals or objects; and (v) the potential of a participant acting in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or not acting within the participant's ability.

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No: \_\_\_\_\_  
Date: \_\_\_\_\_

Signature of Parent or Guardian (if under 21):

GENERAL RELEASE --- PLEASE READ CAREFULLY