

JACK LIESER HORSEMANSHIP

Release Form

Please print clearly

First Name _____ Last Name _____ Date _____

Home Address _____ City _____

State _____ Zip Code _____ Ph _____ Email _____

Name of Facility _____

Clinic type _____ Clinic Dates _____

EMERGENCY CONTACT INFORMATION

Name _____ In Case of Emergency Notify: _____
Relation _____

Phone (Home) _____ (Work/Cell) _____

I AM AWARE THAT ACTIVITIES INVOLVING HORSES CAN BE A HAZARDOUS ACTIVITY AND I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH THE KNOWLEDGE OF THE DANGER INVOLVED, I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF PERSONAL INJURY, DEATH OR PROPERTY DAMAGE.

I agree to waive, release and discharge Jack Lieser Horsemanship, Trades of Yesterday Ministry Training Schools (TOYMTS), its operations managers, lay ministers, trainers, trainees, students or any of their agents, boarders, sponsors, or affiliated organizations, farms, barns, ranches and/or stable from/for any loss, liability, damage or cost to myself or that any of them may incur as a result of my attendance at or participation in any or all agreements and/or activities at/with Jack Lieser Horsemanship, TOYMTS. I agree that I, my assignees, heirs, distributes, guardians and/or legal representatives will not make a claim against, sue, or attach the property of Jack Lieser Horsemanship, TOYMTS, its management, trainers, trainees, students or any of their agents, boarders, sponsors, farms, barns, ranches and/or stables of/or affiliated organizations.

I HAVE CAREFULLY READ THIS AND FULLY UNDERSTAND ITS CONTENTS.

SIGNATURE: _____ DATE: _____

Parent/Guardian Signature: (required if under 18) _____

Jack Lieser
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