

# Least Resistance Training Concepts

11345 Silver Lane  
Stagecoach, NV 89429

## Release Agreement

(Revised 2/12)

This agreement is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ by and between \_\_\_\_\_,

who resides at (address) \_\_\_\_\_, hereinafter referred to as "I" or "User" Least Resistance Training Concepts, hereinafter referred to as "LRTC," for activities taking place at any premises, public or private, where LRTC conducted activities may take place. This agreement covers all activities and occurrences at such premises or that are connected in any way with the such premises, use of animals and/or equipment owned by any persons connected in any way with the premises, as well as for any other cause arising out of any activity associated with the premises.

It is hereby agreed to as follows:

1. I declare that my participation is voluntary and I agree to assume all risks, liability, damage to and loss of property for any cause whatsoever arising out of use of premises.
2. The User, parent or guardian understands that upon taking up the reins or lead rope the User is in primary control of the horse and that LRTC, ET AL are not responsible for the results of the User's actions or inactions. The User further agrees to not abuse, misuse or deliberately agitate any horse as these actions may result in increased risk to him/herself and others.
3. The User has been advised that he/she must wear an approved helmet so as to prevent horse related injuries.
4. **LIABILITY RELEASE:** I understand that I am responsible for bodily injury or property damage which I or my child or legal ward should sustain on the any premises. I hereby, for myself, my heirs, administrators and assigns release and discharge LRTC, ET AL, the owners of any premises 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, or that of my child or legal charge and/or property.
5. That the User   is     is not   currently covered by accident-medical insurance  
**The name of the insurance company is \_\_\_\_\_.** That the User further understands that should medical emergency treatment be required, the current insurance information here listed may be provided to the attending clinic or hospital to cover future payment of incurred bills.
6. The User agrees to hold harmless and indemnify LRTC, ET AL and the owners of any premises against any injury, damage to personal property, or any other loss sustained by the User and by or to relatives, children, guests, handlers and any and all other persons entering and/or using the premises.
7. The User understands that he/she is using the premises at his/her own risk at all times and he/she agrees to assume all responsibility for any other persons on the premises arising out of the User's activities at the premises.
8. The User agrees to provide a release of liability form for all relatives, children, guests, or other persons who may frequent the premises as a result of the User's activities at the premises.
9. That this agreement is entered into in the state of (check one)   California     Nevada   and will be interpreted and enforced under the laws of that state.
10. Upon the signing of this agreement, User acknowledges that he/she has read and agrees to be bound to LRTC's rules which are incorporated herein by this reference.

**I have read and initialed this page \_\_\_\_\_**

11. The User agrees to leave the premises immediately if the premises owner, or agents for same determine that the activities being undertaken by the User may prove harmful to the User or others for any reason.

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. I also acknowledge receipt of a copy of this agreement this date.

**If of legal age and not under guardianship**

**Signature of User** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address: Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home phone** \_\_\_\_\_ **Business phone** \_\_\_\_\_ **Mobile phone** \_\_\_\_\_

**Signature of Spouse** \_\_\_\_\_ **Date** \_\_\_\_\_

(Or other Adult User at same Address)

**Full Name(s) children if under age or guardianship.**

1. \_\_\_\_\_ **Age** \_\_\_\_\_

2. \_\_\_\_\_ **Age** \_\_\_\_\_

3. \_\_\_\_\_ **Age** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent or Guardian** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Date** \_\_\_\_\_

**Photo Release**

I consent to and authorize the use of and reproduction by LRTC and/or its partner organizations of any and all photographs and other audio-visual materials taken of me and or children under my guardianship for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**List on the bottom of this form any details of allergies, ailments or disabilities User may have, and of which LRTC, ET AL, should be aware.**