

Montana State University/Windhorse Equine Learning Summer Camp Permission, Release and Assumption of Risk for Participation

(Please Print or Type)

Participant's Name: _____ DOB: _____

FOR PARTICIPANT

I hereby request and apply to participate in the above listed Montana State University/Windhorse Equine Learning Summer Camp. I agree that I will abide by all MSU/Windhorse Summer Camp rules and regulations. I further agree that I will abide by all the directions and requirements which are specified in the safety guidelines and/or specified by the course leader(s).

Participants Signature: _____ Date: _____

FOR PARENT(S) AND LEGAL GUARDIAN(S)

As parent(s) and legal guardian(s) of the above named child, I/we agree to have my/our child abide by directions and requirements specified in the project manual, safety guidelines manual and assessment criteria provided for the above described Montana State University/Windhorse Equine Learning Summer Camp. I/we understand the program and activities which are involved, consent to my/our child's participation, and agree to have my/our child abide by all the applicable rules, regulations and directions specified by the course leader(s). I/we are fully aware that this can be a dangerous activity and there are many serious risks of injury inherent to participation in horse events and related travel. I/we understand that the dangers and risks of participating in this horse event may result not only in serious injury, but in a serious impairment to my child's future abilities to earn a living, engage in business, social, or other recreational activities and to generally enjoy life.

I/we understand and agree that Montana State University does not provide accident/medical insurance covering my/our child while participating in horse events. I/we hereby assume all responsibility for any injury or illness my/our child might sustain while participating in this program.

In consideration of my/our child being permitted to participate in the MSU/Windhorse Equine Learning Summer Camp, I/we hereby assume all the risks associated with participation and necessary travel. I/we agree to hold The State of Montana, Montana State University, its trustees, officers, employees, agents, representatives, volunteers and/or any property or arena owner allowing MSU/Windhorse Summer Camp activities upon his/her property harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my/our child's participation in the MSU/Windhorse Summer Camp. The terms hereof shall serve as a release and assumption of risk for myself/ourselves, my/our estate, executor(s), administrator(s), assignees and for all members of my/our family.

I/we hereby attest that I/we have carefully read the foregoing release, consent, and assumption of risk and sign this release, consent and assumption of risk of my/our own free will and accord. I/We also certify that I/we are lawfully empowered to enter into this release, consent and assumption of risk.

Name of Parent/Legal Guardian: _____ (Please Print)

Signature _____ Date: _____

Name of Parent/Legal Guardian: _____ (Please Print)

Signature _____ Date: _____