



Release Form

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, CRS. I (we) release *Parker Trail Riders*, its officers, directors and agents of any and all liability which may arise as a result of injury to my (our) person or property that maybe sustained in connection with the club's activities. I also acknowledge that I have read and agree to abide by all rules as written in the PTR Rule Book.

Date: _____

Signature of Rider (Parent/Guardian)

Medical Release If not accompanied by a parent and under 18 years:

I, _____, authorize _____

To act on my behalf regarding medical treatment for my child(ren) _____

should it be necessary. I accept full responsibility for all medical and health care rendered in response to this authorization of permission to treat. *I will hold The Parker Trail Riders, it's officer's, directors, members and agents harmless for any and all liability for any treatment rendered.* I agree to assume all risks and hold harmless all named parties for any liability.

Parent Signed: _____

Date: _____