

## Waiver of Rights and Release of Liability Agreement

Student Name: \_\_\_\_\_

(Print or type)

In consideration for the opportunity to participate in the training and education provided by **Carolina School of Horseshoeing, LLC**, (also referred to as “School” or the “Program”), I and on behalf of myself, my parents, any guardian, spouse, my heirs, successors, assigns, personal representative and estate, do hereby agree to release and discharge the School/Program, and all members, owners and operators, staff, employees, agents, volunteers, participants, along with all horse owners and land owners upon which training and classes will take place, and all other persons or entities acting in any capacity on behalf of the Program as follows:

1. I acknowledge that participation in the Program entails known and unknown risks that may result in physical or emotional injury, even paralysis, death, or personal injury to me, or damage to my property, or to other persons or parties or their property. I understand that such risks cannot be eliminated without jeopardizing the essential qualities and purpose of the Program. These risks include, among many other factors, my own negligence or that of other participants, volunteers, guests, hosts and/or other

persons that I may directly or indirectly encounter during participation in the Program.

2. I expressly agree and promise to accept and assume all of the risks that relate to participation in the Program. My participation in the Program is voluntary and I elect to participate in the Program in full recognition of all known, unknown, and unanticipated risks.

3. I voluntarily release, forever discharge, and agree to indemnify and hold harmless the Program and all related persons and parties identified above and herein from any and all claims, demands, or causes of action, which are in any way connected with my participation in the Program and including any claims of negligent acts or omissions.

4. In the event that anyone acting on behalf of the Program, or that is identified above, is hereafter required to incur attorney's fees and costs to enforce this Agreement in respect to my participation in the Program, I agree to indemnify and hold those entities or persons harmless from all related fees and costs.

5. I certify that I have and will maintain health, accident and liability insurance to cover any bodily injury or property damage that I may suffer while participating in the Program or, in the absence thereof, I agree to bear all costs of any such injury or damage to myself, my property, or the injury or property damage caused by me to that of another.

I hereby acknowledge that I have had sufficient opportunity to read, consult counsel for advice, and gain a complete understanding of this **Waiver of Rights and Release of Liability Agreement**. I have read this Agreement, I understand it, and by my signature below I agree to be bound by all terms of this Agreement.

\_\_\_\_\_ Dated: \_\_\_\_\_, 200\_\_.

(Signature of Applicant/Program Participant)