## RELEASE AND INDEMNIFICATION

My name is		(thereinafter called "I," "me,""my,"and "myself"	")
I Live at:			
	(Street Address)	(city, state, ZIP)	
Phone Number:		Email Address:	
I understand that being around	nd horses is inherently dangero	ous because they are living creatures and are not predictable.	
Stables, Inc., its officers, em Inc. its officers, employees, to my property, that may res	ployees, agents, and the owner or agents from any liability, lo	rs, and assigns, I do hereby release, waive and discharge Bear Cr or owners of any horse ridden at the direction of Bear Creel Stass, damage, cost, expense or claim resulting from any injury to rengaged in riding horses, competing, spectating, swimming, or acc.	ables, me or
ridden at the direction of Bea	ar Creek Stables, Inc., its office or on account of first aid or med	oloyees, agents, other customers, and the owner or owners of any ers, employees, or agents from any loss, liability, damage, cost, dical treatment or service rendered to me as a result of participal	
covering all activities at Bea		ables, Inc., I agree to provide health and accident insurance for agree to assume full financial responsibility for any and all accident at Bear Creek Stables, Inc.	
owner or owners of any hors	se ridden at the direction of Bea	eek Stables, Inc., its officers, agents, employees, other customer ar Creek Stables, Inc., its officers, employees, or agents successons by and through legal counsel chosen by Bear Creek Stables,	ors,
PROFESSIONAL IS NO	T LIABLE FOR AN INJUI	7, CIVIL PRACTICE AND REMEDIES CODE), AN EQ RY TO OR THE DEATH OF A PARTICIPANT IN EQU SKS OF EQUINE ACITIVTIES.	
I have read the foregoing and	d understand its contents.		
Signed this the day of	of, 20 in MANO	CHACA, TRAVIS, TX.	
Signature			
EXCHANGE FOR PARTIC	CIPATION IN ACTIVITIES A	T. YOU ARE GIVING UP SOME IMPORTANT RIGHTS IN T BEAR CREEK STABLES, INC. IF YOU DO NOT ATTORNEY <b>BEFORE</b> YOU SIGN THIS DOCUMENT.	
Instructors name	Class name (circle) WEBIA	) Day Tim	ne