

**Boarding and Training Horse and Owner Registration:**

Owner's Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Emergency contact: (h) \_\_\_\_\_ (c) \_\_\_\_\_

Horse Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Markings \_\_\_\_\_

Coggins Report within 12 months (if out of state) Date: \_\_\_\_\_

Interstate Health Certificate (if out of state) Date: \_\_\_\_\_

Vaccinations: \_\_\_\_\_ Date: \_\_\_\_\_

Worming Date: \_\_\_\_\_ Farrier Trim Date: \_\_\_\_\_

Date of Arrival: \_\_\_\_\_ Date of departure: \_\_\_\_\_

**\$800 for 30 days does not include hay, feed, supplements or farrier services:** If these things are not provided you will be charged on top of the \$800 training fee. Hay will be a minimum of \$5.00/bale, grain at least \$15/bag, farrier amount will depend on who has to come.

**Non-refundable \$350 deposit required:** Deposit holds your spot and may only be transferred to another date, horse or event upon our approval under real emergency situations. If we cannot take your horse for any reason, we will refund your full deposit.

**WAIVER OF LIABILITY, ASSUMPTION OF RISK, COVENANT NOT TO SUE AND HOLD HARMLESS AGREEMENT**

Heart in Your Hand Horsemanship, LLC; Keith and Sherry Jarvis

**IN CONSIDERATION** of agreeing to voluntarily participate in equine activities with Heart in Your Hand Horsemanship, LLC I, \_\_\_\_\_ hereby **RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE** Heart in Your Hand Horsemanship LLC, it's officers, servants, agents, employees, or any affiliated person or organization, and Keith or Sherry Jarvis hereinafter referred to as **RELEASEES** from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or to any property belonging to me, however caused, while participating in said equine activities, or while in, or upon any premises where said equine activities are begin conducted.

I am fully aware of risks and hazards connected with participating in the activities with horses. I acknowledge that horses are unpredictable and potentially dangerous animals, and that I have a full understanding that under Nebraska 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 sections 25-21, 249 to 25-21, 253. I hereby elect to voluntarily participate in said equine activities, and to engage in such activity, knowing that the activity may be hazardous to me and my property. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH,** that may be sustained by me, or any loss or damage to property owned by me, as result of being engaged in such equine activity, however caused. I verify these statements by placing my initials here: \_\_\_\_\_

I understand and agree that the Releasees have permission to authorize emergency medical treatment for me if I am injured and appear to be unable to arrange for and authorize such treatment for myself. Furthermore, the Releasees assume no responsibility for any loss, damage, injury or death that might arise out of or in connection with such authorized emergency medical treatment. Moreover, I agree that I have no health-related reasons or problems that would preclude or restrict participation in this activity and that I have adequate health insurance necessary to provide for and pay any medical costs that may be incurred as a result of injury.

I understand and agree that the Releasees have permission to authorize emergency medical treatment for my horse while he is boarding and being trained at Heart in Your Hand Horsemanship LLC. Furthermore,

the Releasees assume no responsibility for any loss, damage, injury or death to the horse that might arise out of or in connection with such authorized emergency medical treatment. Moreover, I agree to pay for any medical costs that may be incurred as a result of injury or sickness while my horse is being boarded and trained at Heart in Your Hand Horsemanship LLC. I also agree to use either the Burwell Veterinary Clinic located at 490 S Hwy 11, Burwell, NE or the Ord Veterinary Clinic located at 815 North 28<sup>th</sup>, Ord, NE and their agents to treat my horse, if needed.

I further hereby **AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES** from any loss, liability, damage or costs, including court costs and attorneys' fees that they may incur due to my participation in said equine activity.

It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse, in any, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a **RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE**, the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be considered in accordance with the laws of the State of Nebraska. **IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT** I have read the forgoing Waiver of Liability and Hold Harmless Agreement, understand it and design it voluntarily as my own free act and deed; no oral representation, statements, or inducements, apart from the forgoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

**THIS IS RELEASE OF LEGAL RIGHTS AND A LEGALLY BINDING DOCUMENT, READ BEFORE SIGNING AND OBTAIN INDEPENDENT LEGAL COUNSEL IF DESIRED.**

IN WITNESS WHEREOF, I have hereunto set my hand on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Executed at (location) \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Participant

**HELMET WAIVER for Adults**

I am fully aware of risks and hazards connected with participating in the activities with horses. I understand that helmets are provided by Heart in Your Hand Horsemanship LLC if I want to wear one. I am choosing **NOT to wear a helmet** while voluntarily participating in equine activities. I hereby, **RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE** Heart in Your Hand Horsemanship LLC, it's officers, servants, agents, employees, or any affiliated person or organization, and Keith or Sherry Jarvis because I chose not to wear a helmet.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**RELEASE AND AUTHORIZATION FOR USE OF PHOTOGRAPHS & VIDEOS**

**FOR VALUABLE CONSIDERATION**, receipt of which is hereby acknowledged, I hereby grant the Heart in Your Hand Horsemanship LLC their officials, and employees the irrevocable right and permission, throughout the world, in connection with photographs or video that were taken of me or which I provided Heart in Your Hand Horsemanship LLC, their officials and employees, (copies of which photographs or videos are annexed hereto and made a part), the following, the right to use and reuse, in any manner at all, said photographs or videos, in any medium or form of distribution, and for any purposes whatsoever, including, without limitation, all promotional and advertising uses, and other trade purposes, as well as using my name in connection therewith Heart in Your Hand Horsemanship LLC, their officials, and employees so desire.

I hereby forever release and discharge Heart in Your Hand Horsemanship LLC, their officials, and employees from any and all claims, actions and demands arising out of or in connection with the use of said photographs or videos, including, without limitation, any and all claims for invasion of privacy and libel. This release shall inure to the benefit of the assigns, licensees and legal Heart in Your Hand Horsemanship LLC their officials and employees.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

