

RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

BUSTER AND SHERYL MCLAURY

It is hereby agreed upon between Buster H. and Sheryl A. McLaury and

Rider _____

That the undersigned states as follows:

In exchange for participation in the riding/roping clinic conducted by Buster McLaury, I agree that my participation in said clinic is at my own risk. Buster McLaury, his family, employees, and agents shall not be liable for any claims arising from any personal injury, death, or property damage or loss that I, my relatives, or guests may sustain with my participation in said clinic.

I further agree to indemnify and hold harmless Buster McLaury, his family, employees, and agents from all suits, actions, or claims of any type arising from my participation in said clinic, or such participation by my relatives or guests, whether or not such claims result from negligent acts of Buster McLaury, his family, employees, and/or agents.

I KNOW THERE ARE DANGERS, INCLUDING EQUINE HAZARDS, ASSOCIATED WITH MY PARTICIPATION IN SAID CLINIC.

If the clinic is conducted on property owned or leased by the Federal, State, County, or City governments, I also release the Federal, State, County, or City governments, their insurance authority, agents, officers, servants, and/or employees from all liability for any acts of negligence or want of ordinary care on the part of the above named governments and/or any of their agents.

I AM AWARE THAT RIDING IS A HAZARDOUS ACTIVITY, and I am voluntarily participating in the activity with the knowledge of the danger involved and hereby agree to accept any and all risks of property loss and/or damage, injury, and/or death. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and Buster McLaury, his family, employees, agents, volunteers, and representatives and sign it of my own free will.

Signature _____

Date _____

Address _____

e-mail _____