

**BUCK BRANNAMAN CLINICS, INC. VOLUNTARY RELEASE
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT (COLORADO)**

I, _____, HEREBY ACKNOWLEDGE, that I have voluntarily applied to participate in instruction and training in the starting, training, selection, care, handling and riding of horses with BUCK BRANNAMAN HORSEMANSHIP CLINICS, INC., such instruction to take place on the premises of _____, sponsors.

I AM AWARE THAT ACTIVITIES INVOLVING HORSES CAN BE INHERENTLY DANGEROUS AND HAZARDOUS, AND I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH.

IN CONSIDERATION for being permitted to participate in said instruction and training:

1. I HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, Buck Brannaman, individually and doing business as Buck Brannaman Clinics, Inc., each and every agent, employee or rider thereof, and the Sponsor or Sponsors named above, all for the purposes herein referred to as "Releasees", from all liability to myself, my legal representative, distributees, guardians, assigns, heirs, and next of kin, all for purposes herein referred to as "Releasers", for injury, death, or damage resulting from my participation in said instruction and training as a result of the negligence of Releasees, or any employee, servant, agent, or contractor of Releasees. I FURTHER RELEASE AND DISCHARGE Releasees from all liability to Releasers for injury, death or damage resulting from my participation in said instruction and training as a result of the negligence of any other party or parties in attendance. In addition, I HEREBY RELEASE AND DISCHARGE Releasees from all actions, claims or demands Releasers now have or may hereafter have for injury, death, or damage resulting from my participation in such activities.

2. I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS Releasees and each of them, from any loss, liability, damage, or cost they, or any of them, may incur due to my participation in said instruction and training.

3. I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of Releasees, or any of them, or of any employee, servant, agent, or contractor of Releasees resulting from my participation in said instruction or training.

4. I EXPRESSLY acknowledge that activities involving horses involve INHERENT RISKS which mean that there are dangers or conditions which are an integral part of horse activities and include, among other things, the propensity of a horse to behave in ways that may result in injury, harm or death to persons on or about them; and the unpredictability of a horse's reaction to such things as sounds, sudden movement and unfamiliar objects, persons, or other animals.

WARNING

UNDER COLORADO LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO SECTION 13-21-119, COLORADO REVISED STATUTES.

I HAVE CAREFULLY READ THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND BUCK BRANNAMAN CLINICS, INC. AND I SIGN IT OF MY OWN FREE WILL and further agree that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.

I HAVE READ THS DOCUMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS.
I UNDERSTAND THAT I ASSUME ALL RISK INHERENT IN ACTIVITIES WITH HORSES.
I VOLUNTARILY SIGN MY NAME EVIDENCING ACCEPTANCE OF THE ABOVE PROVISIONS.

Signature of Applicant ("Releasor") _____

Guardian for Minor _____

Date _____

**BUCK BRANNAMAN
BUCK BRANNAMAN CLINICS, INC.
ENTRY FORM (COLORADO)**

NAME: _____

ADDRESS: _____

CITY/TOWN: _____ STATE: _____

ZIP: _____ WK PH: _____ HM PH: _____

E-MAIL: _____

Please enter me in the following classes and accept my deposit for these classes:

CLASS	FEE	# HORSES		CLASS FEES
COLT STARTING	\$600.00	_____	=	\$ _____
FOUNDATION HORSEMANSHIP	\$600.00	_____	=	\$ _____
HORSEMANSHIP 1	\$600.00	_____	=	\$ _____
HORSEMANSHIP 2	\$600.00	_____	=	\$ _____
RANCH-ROPING	\$600.00	_____	=	\$ _____
COW-WORKING	\$600.00	_____	=	\$ _____
SPECTATOR	\$25.00/day	_____ days	=	\$ _____
SPECIAL PROBLEMS	(PRE-ARRANGED)	_____	=	\$ _____
CATTLE CHARGE		_____	=	\$ _____
SUB TOTAL			=	\$ _____
DEPOSIT			=	\$ (_____)
TOTAL DUE			=	\$ _____

Paid in full

**BUCK BRANNAMAN
BUCK BRANNAMAN CLINICS, INC.
RELEASE AND WAIVER OF SPONSOR (COLORADO)**

I, the undersigned, hereby release Buck Brannaman Clinics, Inc. / Buck Brannaman, sponsor(s), their agents, employees, contractors, or assistants, from all claims, demands, action or cause of action of any kind or nature whatsoever, whether now known or ascertained, or which may hereafter develop or accrue me in favor of myself, representatives, or dependents, on account of or by animate or inanimate, belonging to me or used by me because of any matter, thing, or condition, negligence or default whatsoever, and I hereby assume and accept the full risk of danger or any hurt, injury or damage which may occur through or by any reason or any matter, thing or condition, by any person whatsoever.

WARNING

UNDER COLORADO LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO SECTION 13-21-119, COLORADO REVISED STATUTES.

Horse Owner or Agent _____

Student/Spectator _____

Guardian for Minor _____

Print Name _____

Date _____