

**Full Stride Equestrian**  
**Jenna McGowan-Terry**  
**332 Matthew Court**  
**Burleson, TX 76028**  
**817-586-5633    jjeventer@gmail.com**

### **Acknowledgement of Risk & Waiver of Liability Statement**

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES.

I, \_\_\_\_\_, the undersigned, being of lawful age, acknowledge that there are great hazards, dangers and risks of injury or death associated with horses and horseback riding. I know that horses, even under careful supervision, are unpredictable. Knowing and appreciating this danger, I desire for myself and/or my child/legal ward,

\_\_\_\_\_, (Birth date \_\_\_\_\_) to receive riding lessons and to participate in equestrian activities. And for the good and valuable consideration, I do hereby:

RELEASE Jenna McGowan-Terry DBA Full Stride Equestrian, Chisholm Trail Dressage & Combined Training Association, KSM Bear Creek Farms, any employees or agents, and all other persons, corporations, associations or partnerships from any and all claims whatsoever which I may incur on account of or in any way growing out of bodily and personal injury resulting from any accident, casualty or event involving me or members of my family or my guests arising out of equestrian activities associated with instruction or activities offered by Jenna McGowan-Terry, whether at Full Stride Equestrian or off-site locations.

I FURTHER COVENANT AND PROMISE never to institute any suit or action against any of the above-named persons and agree to indemnify and hold the above identified persons from all further claims and damages, costs or expenses and reasonable attorney's fees, which may be incurred by any of the persons identified above as a result of any accident or injury to me, members of my family or my guests or any combination thereof.

#### **GRANT OF PERMISSION**

I/we the undersigned, (student/rider above named for, if minor, parents/guardians) hereby grant permission and authority to Jenna McGowan-Terry DBA Full Stride Equestrian and any employees or agents to act for us in executing verbal instructions of if unable to contact us, to act for us in dealing with physicians, available ambulance companies and hospitals, to obtain prompt medical attention for the participant named above in the event of any perceived medical emergency. I hereby covenant and agree to release Jenna McGowan-Terry DBA Full Stride Equestrian, Chisholm Trail Dressage & Combined Training Association, KSM Bear Creek Farms, and any employees or agents from any liability connected with obtaining prompt medical attention for the rider named above.

I have read the above terms of this Release Agreement and executed the same on this the

\_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.

Signed: \_\_\_\_\_ Rider or Parent if rider is under 18

Printed Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_