## **Release Of Liability**

## Adams County 4-H Horse & Pony Project

I, the undersigned, wish to participate	in an Adams County 4-H Horse & Pony Project event(s) or , 20 .
	ent I will be in close proximity to one or more horses under risk of injury, because of the nature of horses, the facility,
In consideration of the Adams County 4-H Horse & Pony Project allowing my participation in this event(s), I, on behalf of myself, and my heirs, administrators, personal representatives, assigns and children and spouse, if any, do hereby agree to hold harmless, release and discharge Adams County 4-H Horse & Pony Project, which includes its officers, directors, members, project leaders, adult volunteers, agents, representatives, affiliates, and insurers, of and from all claims, demands, causes of action and legal liability whether known or unknown, anticipated or unanticipated, due to the ordinary negligence of Adams County 4-H Horse & Pony Project. I shall not bring any claims, demands, legal actions, or causes of action against Adams County 4-H Horse & Pony Project for any damage or loss due to bodily injuries, death, or property damage arising out of my participation in this event (s).	
or tack or in the instruction of a person in the ri an equine is not liable for the injury or death of	Since the compensation in the rental of equines or equine equipment iding or driving of an equine or in being a passenger upon f a person involved in equine activities resulting from the in Section 895.481(1)(e) of the Wisconsin Statues.
Signature of Participant	Date
Signature of Parent or Guardian (If participant is a minor)	Date