HORSE USAGE AND LIABILITY RELEASE

A. I, _____ owner of _____(horse name), for valuable and sufficient consideration, agree to hold Lewis M. Sterrett, Sermon On The Mount® Ministries, Miracle Mountain Ranch Missions and the host site owner and operating entities, and personnel harmless for any injury to myself and/or horse related to participation in the Sermon On The Mount® demonstration and horsemanship workshop. I also hold harmless and agree to indemnity Lewis M. Sterrett, Sermon on the Mount® Ministries, Miracle Mountain Ranch, and the host site owner and operating personnel and entities from any liability to any third person for any personal injury or property damage resulting from my participation, or that of my horse, in any demonstration or workshop.

B. I further agree to assume full responsibility for the adjustment, fit, and care of all tack used in relation to myself while riding this mount.

C. I assume all risks for transportation and boarding of this horse for the purpose of participating in this workshop.

D. I further acknowledge that I am of sound health, able-bodied and appropriately mounted and experienced with this mount so as to participate safely in this demonstration.

Breed _____Color _____ Age _____ Sex _____ Height_____ Weight_____

Current positive health certificate and coggins- Yes / No

Riding Experience: Level I 1-2 years Level II 3-10 years Level III 10+ years

Training/Workshop Experience: _____

_____

Disclose Horse's Vices, Unique Habits _____

_____

Identify training goal you have for your horse _____

_____

SIGNER STATEMENT OF AWARENESS

I/we, the undersigned, have read and do understand all of the foregoing agreement, including the hold harmless indemnity, and assumption of risk provisions thereof. I/we further attest that all facts relating to the applicant's physical condition, experience, and age and the facts relating to my horse, are true and accurate.

_____ _____ _____ _____

Signature of owner/rider Age Gender Date

_____ for _____ Date _____

Signature of parent, guardian (if under age) Name of rider (please print)

Address in full: _____ Home Phone _____

_____ Emg. Phone _____

_____ Workshops location & Date: _____

- ❑ Registered and paid 10 days in advance to receive discount
- ❑ Normal registration

Check one:
__ 1 day Workshop
__ 2 Day

Total amount due $_____

Total amount paid $_____

Resistor Signature: _____ Date paid _____

Visit our webpage www.sermononthemount.org MMRM 2/13/04