



*Equine Release of Liability Hold Harmless*

I expressly agree to indemnify and hold Cashman Horse Equipment Outlet and its employees, officers, directors, representatives, agents, and affiliated entities, harmless against any and all claims, demands, damages (both economic and non-economic), rights of action, or causes of action, of any person or entity, that may arise from injuries (including death) or damages sustained by me or damage to property, as a result of my participation in clinics, regardless of whether such injuries result, in whole or in part, from the negligence of Cashman Horse Equipment Outlet. I agree to be solely responsible for my safety and well being.

I understand that Cashman Horse Equipment Outlet does not provide any supervision, instruction or assistance relative to my participation in clinics at Cashman Horse Equipment Outlet. I understand that participation in equine activities involve inherent risk of serious injury, including permanent disability or death and agree to comply with any and all rules imposed regarding participation in clinics and agree to conduct myself in a controlled and reasonable manner at all times.

I have read this Release of Liability Hold Harmless waiver and voluntarily execute this document with full knowledge of its content.

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Owner Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

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Rider Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

If participant is less than eighteen (18) years of age, this waiver and release must also be signed below by their parent, guardian, custodian, or legal representative.

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Signature of Authorized Representative \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

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