

Assumption of Risk Agreement

Must be completed and submitted with entry form

I, the undersigned, _____
herein request access and permission to occupy, use, enjoy and/or ride or handle
horses on the premises of the Big Sky Horse Park, hereinafter referred to as BSHP. I
understand and agree

that whether I am participating in equine activities within the BSHP premises or
exposing myself to the inherent hazards or injuries associated with equine handling
and activities on any part of the premises, I am doing so willingly with the
understanding that horses are inherently dangerous.

Further, I understand, the purpose of MCA 27-1-725 through 27-1-727 is to assist
courts and juries in defining the circumstances under which persons responsible for
equines may be

found liable for damages to persons harmed in the course of equine activities. It is the
policy of the State of Montana that a person is not liable for damages sustained by
another solely as a result of risks inherent in equine activities if those risks are or
should be reasonably

obvious, expected, or necessary to persons engaged in equine activities. It is the
policy of the state of Montana that an equine activity sponsor or equine professional
who is negligent and causes foreseeable injury to a participant bears responsibility for
that injury in accordance with other applicable law.

Further, the undersigned, acknowledges that I have had the opportunity to inspect the
premises and surrounding conditions for inherent hazards associated with the nature of
the premises (including icy winter conditions) each time I occupy said premises as a
member, participant, spectator or invitee and therefore wish to make this
acknowledgment and agreement perpetually binding from the date herein signed.

PrintName(Clearly)

Signature _____ Date _____

Address

Cell Phone

Email

**Under 18 riders at Big Sky Horse Park must wear ASTM/SEI approved riding helmets.
Missoula Horse Council encourages the use of approved and properly adjusted riding
helmets, safe tack and responsible horsemanship for all riders at the Big Sky Horse
Park. Any photographs of me or my horse taken at the BSHP or MHC events can be
used to promote the park.*

Emergency contact names and numbers (require at least one):

Name of Contact Person _____

Tel No. _____

Supervising a minor: The below signed herein certifies I am a parent or legal guardian
having full authority and acknowledge that the minor above named, understands and
accepts that they are assuming inherent risks associated with equine activities they
are involved in on the premises above named.

Signature of legal guardian _____

Age of minor _____