

**Montana Center for Horsemanship, Inc.**  
**Acknowledgment of Risk and Release**

I wish to use the facilities of the Montana Center for Horsemanship, Inc (“Activity Sponsor”). I recognize the inherent risks of injury involved in riding, working with, training, and being around horses. I understand that my participation in these classes and/or camps involves various risks of injury. I voluntarily and knowingly assume these risks.

**WARNING:** It is the law in the State of Montana that a person is not liable for damages sustained by another 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.

I understand that the Activity Sponsor, it’s officers, agents, members and employees are not liable for damages sustained by myself 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 and I assume full responsibility. \_\_\_\_\_ (Initial)

I understand and acknowledge that all events, riding, and all other activities associated with the Montana Center for Horsemanship entails risks that could result in physical or emotional injury, death, or other harms to myself, to property, to third parties, or to animals. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities for which I seek to participate in this event. I understand and acknowledge that I am aware that the risks inherent in equine activities mean dangers or conditions that are an integral part of equine activities, including but not limited to:

- the propensity of an equine to behave in ways that may result in injury or harm to or the death of persons on or around the equine;
- the unpredictability of an equine’s reaction to such things as medication, sounds, sudden movement, and unfamiliar objects, persons, other animals, injury or fright;
- hazards, such as surface and subsurface ground conditions, water conditions, unexpected or rapid weather changes, snakes, wild animals and other such conditions as may cause an equine to startle, bolt, stumble, fall or act in an unpredictable or uncontrolled manner;
- collisions with other equines or objects, equipment failures, slippage or entanglement, impact with ground, fences, gates or other structures; or
- the potential of another person to not maintain control over the equine or to not act within the person’s ability, careless or negligent conduct or behavior of a third party, which may result in injury to myself, others, animals or property.
- the Activity Sponsor will not provide supervision of the riding area. If a class is utilizing the riding area, any supervision will be provided through the class. \_\_\_\_\_ (Initial)

It is strongly recommended that all equine participants wear an ASTM-standard/SEI-certified

equestrian helmet. The Activity Sponsor WILL NOT provide a helmet. I understand the benefits of wearing a helmet and agree that I am responsible for providing and wearing a helmet and that I assume the risk if I am not wearing a helmet. \_\_\_\_\_(Initial)

I understand that if I choose to leave my property, including, but not limited to vehicle, trailer, horse, tack or any other personal property, or property owned or operated by the Activity Sponsor, that the Activity Sponsor will not be responsible for any damage, injury or theft that may occur to my property. I also understand that my property is not insured by any policy that the Activity Sponsor may have in place. I agree that I will assume the risk of damage or theft to my property. \_\_\_\_\_(Initial)

I agree that I will leave my phone number where I can be reached at in the event my horse is sick or injured and the manager or an employee notices the injury or illness. I agree that if the manager or other employee of the Activity Sponsor cannot reach me, I authorize them to contact a veterinarian to take care of my horse. I agree to be responsible for any expense incurred for the care and treatment of my horse. I also understand that the Activity Sponsor is not assuming any responsibility for the health of my horse. This authorization is solely for the situation that the manager or employee notices the injury or illness and does not impose on the Activity Sponsor, any obligation to check on my horse. \_\_\_\_\_ (Initial)

In consideration of being allowed to participated in the services offered by the Activity Sponsor: I, for myself and my child(ren), my heirs, successors, executors and assigns hereby knowingly agree to release, indemnify, acquit and forever discharge and hold harmless the Montana Center for Horsemanship, Inc. from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way arising out of participation or attendance in any class or camp whether such injury, property damage or death is caused by negligence or other cause. \_\_\_\_\_ (Initial)

This Acknowledgment of Risk and Release shall be binding not only upon me, but also upon my heirs, my personal representatives and legal representatives and anyone who could claim an interest through me. I have executed this document willingly and if requested by me, after having been provided with a copy of Montana Code Annotated Sections 27-1-725 to 27-1-727 relating to Equine Activity Liability Limitations. \_\_\_\_\_ (Initial)

INTERPRETATION: This Agreement shall be construed and enforced in accordance with the laws of the State of Montana. To the extent that any provision herein is inconsistent with Montana law, Montana law will control.

CHOICE OF LAW: Any action arising from participation in equine activities shall be brought in the State of Montana, Fifth Judicial District Court of Beaverhead County.

SEVERABILITY: If any part, term or provision of this Agreement is held to be invalid, illegal or unenforceable, the validity of the remaining portions of this Agreement shall not be affected.

MERGER CLAUSE: This document contains the entire agreement between the parties.

**CAUTION: Do not sign this Agreement unless you have read and fully understand it and are over 18 years of age. By signing this document, you may be waiving your legal right to a jury trial to hold the provider legally responsible for any injuries or damages resulting from risks inherent in the sport or recreational opportunity or for any injuries or damages you may suffer due to the provider's ordinary negligence that are the result of the provider's failure to exercise reasonable care.**

**I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT AND VOLUNTARILY SIGN IT.**

**DATED this \_\_\_\_\_, day of \_\_\_\_\_, \_\_\_\_\_.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Parent or Guardian Signature if Participant  
is under 18 years of Age

The final bit of paperwork required is proof of vaccination, which can be done by your veterinarian or the owner. Please attach a copy of a receipt for the vaccinations if not done by the vet. For the best immunity and disease prevention, we recommend that you vaccinate your horses 2-4 weeks prior to leaving your hometown and heading to Dillon.

Paperwork that you will need when bringing horse to Montana Center for Horsemanship (MCH)

1. 5-way Vaccination (West Nile vaccine is recommended)-if this is the first time that the horse has ever been vaccinated for this it will need a booster a month later, so plan a head.
2. Strangles Vaccination (only if horse is 5 years old or younger)- if this is the first time that the horse has ever been vaccinated for this it will need a booster a month later, so plan a head. Unless the horse has previously had strangles which could cause a reaction to the vaccine.
3. Coggins Blood Test (Equine Infectious Anemia)- all in-state and out-of-state horses
4. Health Certificate (only if coming from out of state)
5. Brand Inspection Papers (only horses coming from out of Beaverhead County Dillon, MT). Horses coming from nonbrand inspection states, you can get a brand inspection when you arrive from the Brand Office 406-683-6366
6. Releases signed/initialed for the Montana Center for Horsemanship Acknowledgement of Risk and Montana Center for Horsemanship Policies.
7. **Physical Address:**  
Montana Center for Horsemanship  
757 Horseman Way  
Dillon, MT 59725

**\*\*When you arrive at the Montana Center for Horsemanship to drop your horse off, contact the MCH Director or MCH instructors to find your stall and to put your horse in. *Bring all your paperwork (photocopies) to MCH so it can be filed.***

Please contact us if you have any further questions.

Sincerely,

Eric Hoffmann

Eric Hoffmann  
MCH-Director  
(406) 925-1499  
[eric.hoffmann@umwestern.edu](mailto:eric.hoffmann@umwestern.edu)

## Montana Center for Horsemanship Certificate of Immunization

All horses brought on to the Montana Center for Horsemanship (MCH) must be current on their vaccinations...no exceptions. This is for the protection of your horse, your fellow participants' horses, as well as those horses currently residing at MCH. It is highly recommended that all horses have completed their vaccinations a minimum of two (2) weeks prior to the start of the event to ensure complete immunity.

The undersigned parties certify that the horse(s) listed below have been immunized by a licensed veterinarian against the following diseases for the calendar year of 2025. If a licensed veterinarian did not give the immunizations, copies of receipts and product paperwork for the required vaccines MUST be attached to this document.

**\*Participants must also provide a copy of a current Negative Coggins report for each horse. (Drawn & reported within past 12 months) \***

### Required Vaccinations:

### Date of Immunization:

5-way Vaccine\* which includes:

Eastern Encephalitis (EEE) \_\_\_\_\_

Western Encephalitis (WEE)

Tetanus Toxoid

Influenza (Flu)

Rhinopneumonitis

*\*Influenza and Rhinopneumonitis may be given separately*

\*Influenza (Flu)

(if given separate as IM or Intranasal) \_\_\_\_\_

\*Rhinopneumonitis (EHV-1)

(If given separate as IM vaccination) \_\_\_\_\_

Strangles (horses 5 years of age and younger) \_\_\_\_\_

*(Intranasal, it is recommended that it be given by a licensed veterinarian, if the horse had strangles in its past do not give vaccination due to a possible reaction)*

Horse vaccinated:

Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Sex: \_\_\_\_\_ Color: \_\_\_\_\_ Breed: \_\_\_\_\_

Horse Owner/Participant: \_\_\_\_\_

Print name

Signature

Date

Horse Owner address: \_\_\_\_\_  
\_\_\_\_\_

Veterinarian: \_\_\_\_\_

Print name

Signature

Date

Veterinarian address: \_\_\_\_\_  
\_\_\_\_\_

