5

TOUCH A RAINBOW BENEFIT HORSE SHOW

CLASS NUMBER	NAME OF HORSE/PONY	OWNER'S NAME	RIDER'S NAME	SMALL,MED/ LARGE PONY	FEES

I, the undersigned, hereby release Touch A Rainbow, and any persons assisting in the presentation of the Benefit Horse Show, from all damages of any kind which may be occasioned to the above named animals, and do undertake to indemnify the above show against claims or demands arising from any injury caused by the aforesaid animals or occasioned by negligence of any person or persons in charge.

Signature of Owner _____

Address _____

_____

Phone _____

Date _____

Signature of Rider _____

(in case of a Junior, parent/guardian

Address _____

_____

Phone _____