



AERC Clinic Insurance Release

I will be hosting a ride clinic on _____ (date), and the location is

I have chosen to insure the clinic on my own and not avail myself of the clinic insurance offered by AERC through Equisure, Inc.

This clinic is being sponsored by another group and will be insured by _____ (OCTRA, SEDRA, PNER, etc. – please indicate the group).

I agree not to make any claims against or sue the AERC for any losses or damages for bodily injury, death or property damage for me or my horse negligently caused by the AERC during the course of my ride clinic.

This AERC Assumption of Risk and Release is governed by the Laws of the State of California and is intended to be interpreted as broadly as possible. I agree that exclusive jurisdiction and venue (place) for any legal action against AERC, its officers, directors, employees, volunteers or agents shall be in the local district courts or the federal court of the State of California. If any part of this agreement is determined to be unenforceable, all other parts shall remain in effect.

Print Name

Signature

Date

AERC # (if applicable): _____