THIS IS A RELEASE OF LIABILITY - READ BEFORE SIGNING

NOTE:	THIS FORM MUST BE READ AND SIGNED BEFORE A PARTICIPANT IS ALLOWED TO BOARD A HORSE OR PERFORM ANY HORSE-RELATED ACTIVITIES WITH SO OTHERS MAY SHINE, L.L.C.
PARTIC	CIPANT'S NAME
	2
activitie	IN CONSIDERATION of being permitted to board a horse and/or participate in any horse-related s with So Others May Shine, L.L.C., I acknowledge, appreciate, and agree that:
1.	There is risk of injury inherent in all horse-related activities, including the potential for bodily injury, permanent disability, and death, as well as physical harm to horse, rider and spectator, and while particular safety equipment may minimize this risk, the risk of serious injury does exist;
2.	I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability below, and assume full responsibility for my participation; and
3.	I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS So Others May Shine, L.L.C., and its agents, representatives and employees ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, ATTORNEYS' FEES, COSTS OR EXPENSES or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
4.	I specifically release and hold harmless Douglas Persian from any and all claims stemming from his role as a counselor and/or mentor.
UNDE	E READ THE ABOVE, AND I FULLY UNDERSTAND ITS TERMS, AND I RSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.
X	
	PARTICIPANT'S SIGNATURE DATE
FOR PARTICIPANTS UNDER THE AGE OF 18 This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of So Others May Shine, L.L.C. and all other Releasees but also to release and indemnify the Releasees from any and all liability incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.	

SIGNATURE OF PARENT/ GUARDIAN OF PARTICIPANT

DATE

DATE OF BIRTH OF PARENT/GUARDIAN