



Gillian Slayter-Voigtlander  
42 Aventura Road  
Santa Fe, New Mexico 87508  
www.simply3-day.com

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### **Wavier of Liability**

**Participant:**

Any person, whether amateur or professional, who engages in an equine activity, whether or not a fee is paid to participate in such an equine activity.

I, the Undersigned, agree to hold harmless Gillian Slayter, individually, d/b/a Simply 3-Day , having it's usual place of business at Thal Equine, 69 Bonanza Creek Rd, Santa Fe, NM , and their successors in title, employees, and volunteer helpers free from any and all claims and demands of any nature that may be occasioned by me, my guests, minors in my charge, or my horse(s), and to repay on demand any and all damages including costs and reasonable attorneys' fees resulting from any litigation or arbitration, Simply 3-Day or any individuals described above may sustain by reason of any such claim.

I, the Undersigned, agree to maintain insurance to cover the loss, death, injury, or loss of use of my horse(s) and any damage to my person or property while on the premises, and hereby release Simply 3-Day and the individuals described above from any claims for liability for loss or damage to my person or property. If I choose not to maintain any of the above insurance, I do so at my own risk.

I, the Undersigned, agree in the event of any emergency to either myself or an equine to accept emergency medical care and hereby release Simply 3-Day and the individuals described above from any claims for liability for loss of use to my person or property.

I, the Undersigned, will abide by the rules and accept decisions rendered by the Owners and/or Operators of Simply 3-Day including all persons described above.

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(If participant is a minor, parent or legal guardian must sign)

Print Name and Full Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contacts: \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Restrictions \_\_\_\_\_

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