

**Indemnification and Defense
Horseback Adventures**

This agreement, hereinafter "Agreement", entered into this (Date) _____ between _____, hereinafter referred to as the 'participant', and Dale O. Wolery, Executive Director of the Clergy Recovery Network, a Montana non-profit religious corporation. Corporate ID Number 46-0482693.

Indemnification

The participant agrees subject to Montana Statutes to hold harmless and indemnify Dale O. Wolery of Clergy Recovery Network, its employees, officers, volunteers and agents from any and all liability, loss, costs, damages, and expenses which he or she may sustain or incur by reason of any judgment entered against Dale O. Wolery or Clergy Recovery Network, its employees, officers, volunteers and agents because of the consulting/mentoring, guiding or leadership work done by Dale O. Wolery either directly or indirectly. I am aware there are inherent risks with horseback rides in the wilderness, outdoor food preparation and unanticipated occurrences associated with such adventures and agree to hold harmless and indemnify any persons associated with Clergy Recovery Network from any and all liability, loss, costs, damages and expenses including personal injury and health issues. I accept full responsibility for my health and safety including but not limited to providing and using equestrian safety equipment as I choose.

Defense

The participant agrees subject to Montana Statutes, to pay, as incurred, the fees of an attorney of Wolery's choosing or one negotiated by Wolery and the participant in defending Wolery, the Clergy Recovery Network, its employees, officers, volunteers and agents against any action that may arise out of Wolery's consulting/mentoring or leadership work or any other activity of the Clergy Recovery Network, its employees, officers, volunteers and agents.

It may be assumed by the Clergy Recovery Network personnel and any court of law my faxing or scanning of this Agreement does not diminish its reliability and enforceability in any way.

Signature: _____ Date: _____

Printed name: _____

Address: _____

City: _____ State or Province: _____

Postal Code: _____ Country: _____

Drivers License State: _____ Number: _____

For the Clergy Recovery Network:

_____ Date: _____

Dale O. Wolery
Clergy Recovery Network, 313 Second Avenue, Joplin, MT 59531
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