

Release From Liability

PARTICIPANT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/ZIP: \_\_\_\_\_

I acknowledge that horseback riding is a sport, which carries inherent risks of injury and damage to my self, my horse, and my property. I knowingly assume all risks, whether known or unknown, of horseback riding.

I hereby release the California State Horseman's Association herein after referred to as "CSHA" and U.S. Army Corps of Engineers, its agents, employees and officers from all liability for any act of negligence or want of ordinary care on the part of CSHA and U.S. Army Corps of Engineers. In consideration of my participation in events organized or sponsored by CSHA and U.S. Army Corps of Engineers, I waive, release and discharge CSHA, U.S. Army Corps of Engineers and their directors, officers, agents and members, their representatives, heirs, executors and assigns from any and all claims of liability for injury or damage to myself, my animals or my property arising out of my participation. This agreement is binding upon my executors, heirs and assigns.

I expressly waive any rights I may have under California Civil Code 542, which states: "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him might have materially affected his settlement with the debtor."

I agree that I will indemnify and hold harmless CSHA, U.S. Army Corps of Engineers and their officers, directors, members and agents against all claims, demands, and causes of action, including court costs and actual attorney fees, arising from any proceeding or lawsuits brought by or prosecuted for my benefit, in which this release is upheld.

CSHA and U.S. Army Corps of Engineers and its agents or employees shall not be liable for any damage which may accrue from any cause or as a result of fire, theft, running away, state of health, injury to person, horse or property.

I acknowledge that I have read this RELEASE OF LIABILITY and know and understand its contents.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address (if different than above) \_\_\_\_\_

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MINORS - DO NOT SIGN THIS FORM

PARENT OR LEGAL GUARDIAN MUST COMPLETE THIS SECTION

I, the undersigned parent or guardian of the above participant in consideration of my minor's participation in the event, agree that the terms and conditions of this Release of Liability shall be binding as to damage or injury to my minor, his/her animals, and property arising out of his/her participation in events.

I acknowledge that I have read this Release of Liability and know and understand its contents.

NAME \_\_\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/ZIP \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_