## LOS CABALLOS RIDERS WAIVER AGREEMENT AND RELEASE OF LIABILITY

Location of event:	Date		
Please print clearly			

<u>Flease print clearly</u>				
PARTICIPANTS NAME:	PHONE#:			
ADDRESS:				
CITY:	STATE:	ZIP:		

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

I hereby release LOS CABALLOS RIDERS from all liability for any act of negligence or want of ordinary care on the part of LOS CABALLOS RIDERS or any of its agents.

In consideration of my participation in events organized or sponsored by LOS CABALLOS RIDERS, I waive, release, and discharge LOS CABALLOS RIDERS 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 1542, 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 **LOS CABALLOS RIDERS** 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.

**LOS CABALLOS RIDERS**, it's 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.

## Helmet Warning! Helmets mandatory for riders 17 years old and under.

I am aware that protective head gear which meets or exceeds the quality standards of the SEI certified and ASTM standard F1163 equestrian helmet should be purchased and worn by me and/or my child while riding and being near horses and the wearing of such helmet may reduce the severity of some head injuries and may prevent serious injury or death as a result of a fall or other occurrence. If I, or my minor (17 years old or younger) child, do not wear a helmet, it is because we so choose.

I have read, understood, and voluntarily agree to this one page waiver and release. I further agree that no oral statements, representations, or inducements apart from this written agreement have been made to me to obtain my consent.

Dated:	Participant's	Signature:

## 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 this event.

I have read, understood, and voluntarily agree to this one page waiver and release. I further agree that no oral statements, representations, or inducements apart from this written agreement have been made to me to obtain my consent.

Name:	Telephone#:			
Address:	City:	State:	Zip:	
Signature:	•	Date:	-	