LOS CABALLOS RIDERS MEMBERSHIP WAIVER AGREEMENT AND RELEASE OF LIABLILITY

I,HEREBY in Equestrian Activities, on and at the premises of	ACKNOWLEDGE that I have voluntarily applied to participate chosen by Los Caballos Riders.
VOLUNTARILY PARTICIPATING IN THESE AC	EQUESTRIAN ACTIVITIES IS HAZARDOUS. I AM CTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED ALL RISKS OF INJUST OR DEATH. PLEASE INITIAL
and use their facilities, I hereby agree that I, my will not make a claim against, sue, attach the proowners, employees, agents or their guests for in however caused, by any employee, agent or cor horse I ride, or am around, as a result of my part hereby release and discharge Los Caballos Ride	tted by Los Caballos Riders to participate in these activities heirs, distributes, guardians, legal representatives and assigns operty of, or prosecute Los Caballos Riders, or any of its jury or damage resulting from the negligence or other acts, ntractor or guest of Los Caballos Riders, the proprietor(s) of the ticipating in the aforesaid equestrian activities. In addition, I ers from all actions, claims, or demands I, my heirs, distributes a have or may hereafter have for any injury or damage resulting activities.
being near horses and the wearing of such helmet ma	exceeds the quality standards of the SEI certified be purchased and worn by me and/or my child while riding and ay reduce the severity of some head injuries and may prevent my currence. If I or my minor child do not wear a helmet, it is because
FURTHER AGREE THAT NO ORAL STATEME	ARILY AGREE TO THIS TWO-PAGE WAIVER & RELEASE. ENTS, REPRESENTATIONS OR INDUCEMENTS APART EEN MADE TO ME TO OBTAIN MY CONSENT.
Dated:Participant's Signatu	re:
	PERSON FURTHER AGREES, PURSUANT TO NDEMNITY THE RELEASED PARTIES FOR ANY INJURY
Minor's Name:	Minor's Birth Date:
Dated: Signatur	re:
Relationship to Minor:	
(Printed Name of Signor):	
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