

PARTICIPANT RELEASE OF LIABILITY

READ BEFORE SIGNING

DATE: _____

PRINT (NAME OF RENTEE) (ADDRESS) (CITY) (PHONE)

IN CONSIDERATION of being permitted to participate among and on horses under the auspices of the **DOUBLE R RANCH**, I acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis or death. The risk includes but is not limited to my being in the presence of, mounted on, and/or leading horses;
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability below, and assume full responsibility for my participation; and,
3. I will comply with all rules and regulations. If I have any questions, or observe and unusual or unnecessary hazard during my participation, I will immediately bring such to the attention of the nearest official; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS the **DOUBLE R RANCH**, owners and lessors of premises used to conduct the equestrian activities, their officers, officials, instructors, trainers, agents and/or employees ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself and/or on behalf of my child or legal ward, have been fully warned and advised by _____ that we should wear a properly fitted "ASTM/SEI" (Equestrian standard) helmet while riding horses in order to reduce some or all of our head injuries as the result of a fall or any other occurrence associated with this hazardous activity. We realize that we are subject to injury from this activity to which we are exposing ourselves purely voluntarily.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Date Signed: _____
PARTICIPANT'S SIGNATURE

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian of this participant, do consent and agree to his/her indemnification, release and hold harmless as provided above all Releasees, and I, for myself and behalf of my heirs, assigns and next of kin, hereby release, indemnify and hold harmless the Releasees from any and all claims incident to my child's involvement in these programs EVEN IF ARISING OUT OF THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____ Date Signed: _____
PARENT/GUARDIAN'S SIGNATURE

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READ BEFORE SIGNING

DATE: _____

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X _____ Date Signed: _____
PARENT/GUARDIAN'S SIGNATURE