

CALIFORNIA REINING HORSE ASSOCIATION*
EVENT AGREEMENT AND RELEASE WAIVER

*Hereinafter known as "This Club"

LOCATION:

Los Angeles Equestrian Center, Burbank, CA

PLEASE READ CAREFULLY BEFORE SIGNING
EVENT SPONSORS AND CLUB MANAGERS DO NOT GUARANTEE YOUR SAFETY

- Voluntary Participation:** I agree that I, the undersigned, do for myself or on the behalf of my child, spouse, or legal ward hereby voluntarily participate in the above stated event, and that I/we participate in this event totally at our own risk for injuries or property damage we may incur in relation to this event.
- Incident Costs Responsibility and Medical Insurance Disclosure:** I agree that I/we will be responsible for any and all costs incurred by us for injuries or property damage I/we may incur and that I/we are covered by accident-medical insurance coverage now in force.

Name of Accident-Medical Insurance Company is _____
Policy Number is _____
- Personal Responsibility:** I agree that I am responsible for the negligent acts of my family members and/or legal wards and animals, and I do carry personal liability insurance now in force under (check one);

 Homeowner's Insurance Policy
 Separate Personal Liability Policy
 Tenant's Insurance Policy
 Farm Owner's Policy
- Personal Financial Losses:** I agree that I am responsible for my own financial loss in relation to the theft or damage to our tack, equipment, vehicles, trailers and horses while on the premises where this event is held.
- Protective Headgear Warning:** I agree that I have been fully warned and advised by *This Club* that I should purchase and wear protective headgear which meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Helmet, while riding, being and working near horses. I understand that the wearing of such headgear while mounting, riding, showing, dismounting, and otherwise being near horses, may reduce severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as the result of a fall from a horse or other occurrences.
- Liability Release:** I agree that I hereby, for myself, my family members, my heirs, administrators, personal representatives, and assigns, do agree to hold harmless, release and discharge This Club, its owners, agents, employees, officers, directors, representatives, assigns, members, premises owners, affiliated organizations, Insurers, and others acting on its behalf, of all claims demands, causes of action, and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to This Club's ordinary negligence; and I do further agree that except in the event of This Club's gross negligence, I shall bring no claims, demands, legal actions and causes of action, against This Club and its associates as stated above in this cause for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of This Club, but not limited to, while riding, handling, or otherwise being near horses or other equine species.

NAMES OF ALL MINOR PARTICIPANTS IN THE EVENTS FOR WHOM I AM LEGALLY RESPONSIBLE:

1. _____
2. _____
3. _____
4. _____

STATEMENT OF AWARENESS

I, THE UNDERSIGNED, BEING OF LEGAL AGE, HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT AND RELEASE.

EACH LEGAL AGE PARTICIPANT, PARENT OR LEGAL GUARDIAN OF THE MINOR PARTICIPANTS LISTED ABOVE MUST SIGN BELOW:

Signature of participant (Spouses must sign for themselves) print name date

Signature of parent, guardian and/or spouse #1 for Name of participant (please print) Date

Signature of parent, guardian and/or spouse #2 for Name of participant (please print) Date

Address in full: _____ Cell Phone # _____