

CALIFORNIA STATE HORSEMEN'S ASSOCIATION INC.

2017 RIDER RELEASE OF LIABILITY

TEAM NAME: _____

PARTICIPANT: _____ PHONE: (____) _____

ADDRESS: _____

CITY: _____ ZIP: _____ CA: _____

EMAIL: _____

I acknowledge that horseback riding and equestrian drill team 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 and drill team participation.

I hereby release the **CALIFORNIA STATE HORSEMEN'S ASSOCIATION, INC.** (hereinafter referred to as **C.S.H.A.**) from all liability for any act of negligence or want of ordinary care on or of the **C.S.H.A.** and/or any of its agents.

In consideration of my participation in all events organized or sponsored by **C.S.H.A.** in **2017.**

I waive, release, and discharge **C.S.H.A.** 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 **C.S.H.A.** 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.

C.S.H.A. 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.

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

SIGNATURE: _____ DATE: _____



MINORS DO NOT SIGN THIS FORM

PARENT OR LEGAL GUARDIAN MUST COMPLETE THIS SECTION

I, the undersigned parent or legal 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 to my minor, his animals, and property arising out of his participation in events.

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

NAME: _____ TELEPHONE: (____) _____

ADDRESS: _____ CITY: _____

SIGNATURE: _____ DATE: _____

PLEASE HAVE EVERY PARTICIPANT OR LEGAL GUARDIAN COMPLETE THIS FORM. THE COMPLETED FORM MUST BE TURNED IN BEFORE RIDING AT A CSHA EVENT.