



**California State Horsemen's Association, Incorporated**  
**PO BOX 1228, Clovis, Ca 93613-1228**  
**PHONE: (559) 325-1055**

**RELEASE OF LIABILITY**

PARTICIPANT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ STATE: \_\_\_\_\_

I the undersigned acknowledge this event carries inherent risks of injury and/or damage to a person, an animal and /or property. I knowingly assume all risks, whether known or unknown, of these activities.

I hereby release the California State Horsemen's Association, Incorporated (hereinafter referred to as CSHA), Livermore Area Recreation and Parks District, Livermore Stockmen's Rodeo Association, (hereinafter referred to as CSHA, LARPD, LSRA, the land and business owners/controllers on whose property I participate: or any of its agents from all liability for any act of negligence or want of ordinary care on the part of CSHA, LARPD, LSRA, or any of its agents.

In consideration of my participation in events organized or sponsored by CSHA, LARPD, LSRA I waive, release and discharge CSHA, LARPD, LSRA, 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 is binding upon my executors, heirs and assigns.

I acknowledge that I have read this Release of Liability; know and understand its contents and the rules and requirements for this CSHA event.

I, the undersigned parent or guardian of the above participant in consideration of my minor's attendance/participation in the event, agree to the terms and conditions of this Release of Liability; and understand the rules and requirements for this CSHA event. This shall be binding as to any injury to the minor, his/her animals and/ or damage to property arising out of his/her attendance and / or participation in the event.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If signatory is parent/guardian complete the following section

NAME \_\_\_\_\_

Relationship: \_\_\_\_\_ phone/cell #: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_