

RELEASE OF LIABILITY

The undersigned hereby acknowledge riding a horse, loading and unloading a horse, saddling or unsaddling a horse, working cattle and any activities related to horses, cattle and/or other livestock can be, and at times is, a dangerous activity, which can result in serious injury and/or death, regardless of fault.

I voluntarily assume and accept the full risk of any danger resulting in any injury or damage to me, my horse or my property and possessions, which may occur through this activity, by reason of any matter, thing or condition, negligence or fault of any person whatsoever in consideration of the privilege of riding a horse and participating in the horse and cattle activities, before, during and after the 2017 Caliente L4 Memorial Ranch Rodeo on September 2nd -3rd, 2017, held at the Burrell Reed Arena, 16270 Caliente Creek Rd., Caliente, CA.

In addition thereto, I voluntarily release, and agree to hold harmless The Caliente Educational Foundation, its officers and personnel, and anyone else associated with the aforementioned events, including persons in a paid or voluntary position; all those persons and entities are released by me against any claim for property damage or personal injury arising out of the aforementioned activities.

I AGREE THAT I have been strongly advised that all Junior Riders should wear protective headgear (equestrian riding helmet) and do understand that the wearing of such helmet may prevent or reduce the severity of some head injuries and even prevent death as a result of a fall or other occurrence.

I acknowledge this Release of Liability will be signed one time only. I agree this Release of Liability will, however, be fully and completely effective and operable at and during each horse or cattle activity on September 2nd – 3rd, 2017.

In the event of an accident, I give my permission, at my expense, to call an ambulance or whatever is deemed necessary for my health and safety. If there is injury to my livestock, I agree to be responsible for all veterinarian or other expenses. I AGREE THAT should emergency medical treatment be required, I and/or my own accident/medical insurance company shall pay for and be responsible for all such incurred expenses.

RIDER OF HORSE (print name) _____ Date _____

Address _____

Telephone _____

Signature (If under 18 years of Parent or Guardian) _____