

RELEASE OF LIABILITY

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

I acknowledge that horseback riding is a sport which carries inherent risks of injury and damage to myself, my horse and property. I KNOWINGLY ASSUME ALL RISKS, WHETHER KNOW OR UNKNOWN, OF HORSEBACK RIDING.

I hereby release TRI-CITIES HORSEMEN'S ASSOCIATION, INCORPORATED (TCHA), CONTRA COSTA EQUESTRIAN FOUNDATION (CCEF), THE CITY OF MARTINEZ (CITY), AND the EAST BAY REGIONAL PARK DISTRICT (EBRPD), from all liability for any act of negligence or want of ordinary care on the part of TCHA, CCEF, CITY and/or EBRPD or any of their agents in consideration of my participation in events organized or sponsored by TCHA, CCEF, CITY and/or EBRPD, their directors, officers, agents and members, their representative, 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 TCHA, CCEF, CITY and/or EBRPD, 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.

TCHA, CCEF, CITY and/or EBRPD, their 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 (including communicable diseases), injury to person, animal or property.

I acknowledge that I have read this Release of Liability and know and understand its contents. **This release is in effect for all activities sponsored by Tri-Cities Horsemens' Association, Inc. during the year of signature.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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MINORS DO NOT SIGN THIS FORM - PARENT OR LEGAL GUARDIAN MUST COMPLETE THIS SECTION

I, the undersigned parent or guardian of the above minor participant in consideration of their participation in the event, agree that the terms and conditions of this Release of Liability shall be binding as to damage or injury to them, his/her animals, and property arising out of his/her participation in events.

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

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

SAFETY HELMET ADVISEMENT ACKNOWLEDGMENT

I, as an adult participant or as parent or guardian of the above minor participant, have been advised by TCHA, CCEF, that I and/or the above minor participant should wear a safety helmet while riding at a TCHA activity, so as to help prevent horse related head injuries.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_