PARTICIPANT AGREEMENT, RELEASE & ASSUMPTION OF RISK DONKEY Race

In consideration of the services of Donkey Sports, Inc., their agents, owner, officers, volunteers, participants, employees, sponsors, school district and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "DS"), I hereby agree to release, indemnify, and discharge DS, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that riding a donkey and playing team sports entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: A donkey, regardless of its training and usual past behavior, may act unpredictably at times based upon instinct or fright which may cause you to be thrown from your donkey or be injured by the donkey. Donkeys may do such things as bite, kick, buck, lie down, or stumble. Saddles may slip and tack or saddle problems may develop as a result of normal use and wear. You could lose control of your donkey and you could fall. Riding a donkey requires the participant to balance on the saddle. Participants may loose their balance that can result in falling from the animal.

Furthermore, DS employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

- 2. I expressly agree and promise to accept and assume all the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
- 3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless DS from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of DS's equipment or facilities, including any such claims which allege negligent acts or omissions of DS.
- 4. Should DS or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- 5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical conditions I may have.
- 6. In the event that I file a lawsuit against DS, I agree to do so solely in the state of Washington, and I further agree that the substantive law of Washington shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my rights to maintain a lawsuit against DS on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to	read this entire document. I have and understood it, an	d I agree to be bound by its terms.
Signature of Participant	Print Name	
Address		
Phone	Date	
	NT'S OR GUARDIAN'S ADDITIONAL INDEMNIFIC. (Must be completed for participants under the age of 18	
In consideration of		(print minor's name)
"Minor" being permitted by DS to pa hold harmless DS from any and all clause or participation by Minor.	articipate in its activities and to use its equipment and facil aims which are brought by, or on behalf of Minor, and which	lities, I further agree to indemnify and the are in any way connected with such
Parent or Guardian:	Print Name:	Date: