HENDERSON SADDLE ASSOCIATION ACCIDENT WAIVER AND RELEASE OF LEABILITY FORM

Gue	est of		Corral Number	
HEI			D/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including by way of example and	
not l	limited to, any risks that may arise from r	negligence or c	carelessness on the part of the persons or entities being released, from dangerous on the ntrolled by them, or because of their possible liability without fault.	
art			r trained for participation on the activity or event, and have not been advised to no t there are no health-related reasons or problems which preclude my participation	
ack	knowledge that this accident waiver and r	elease of liabil	lity form will be used by the event holders, sponsors, and organizers of the activity	
			my actions and responsibilities at said activity or event.	
			rticipate in this event, I hereby take action for myself, my executors, administrators	
	s, next of kin, successors, and assigns as f		parameters, and account of my executions, and account of	
	A. I WAIVE, RELEASE, AND DISCHARGE of the entities or persons released, f which may hereafter occur to me inc Saddle Association and their director	from any and a or my death, d cluding my trav ors, officers, er	all liability, including but not limited to, liability arising from the negligence or fault disability, personal injury, property damage, property theft or actions of any kind weling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Henderson imployees, volunteers, representatives, and agents, the activity or event holders,	
	liabilities or claims made as a result I acknowledge that the Henderson Sadd	PROMISE NO of participating e Association	T TO SUE the entities or persons mentioned in this paragraph from any and all g in this activity or event, whether caused by the negligence of release or otherwise and directors, officers, volunteers, representatives, and agents are NOT	
	responsible for the errors, omissions, act Henderson Saddle Association.	s or failures to	act, of any party or entity conducting a specific event or activity on behalf of the	
	I AM AWARE THAT THESE ACTIVITIES ARE HAZARDOUS ACTIVITIES AND THAT I COULD BE SERIOUSLY INJURED OR EVEN KILLED. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDLGE OF THE DANGER INVOLVED AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WETHER THOSE RISKS ARE KNOWN OR UNKNOWN.			
	I hereby consent to receive medical treat activity or event.	ment which m	nay be deemed advisable in the event of injury, accident, and/or illness during this	
a T	understand that at this event or related activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for my legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.			
	This accident waiver and release of liability form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.			
	I CERTIFY THAT I HAVE READ THIE DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.			
	Print Participants Name	Age	Signature of participant or parent or Date guardian of child under 18 years of age	
	PARENT/GUARDIAN WAIVER FOR MINORS (under 18 years old). The undersigned parent and/or natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participating in the activity or event and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above, The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.			
	and release said parties on bendii of the	minor and the	parents of legal guardian.	

Signature of Parent or Guardian

Date

Age

Print Participants Name