

# RELEASE FROM ALL LIABILITY

**This is a binding legal document. Read it carefully before signing below.**

I understand that the Back Country Horsemen's Mother Lode Unit sponsors and organizes a variety of events, including, but not limited to, equestrian trail rides and overnight campouts, trail building and work days, tack sales, membership meetings, potluck dinners, and other social events.

In consideration of permission to participate in these events, I agree to defend, indemnify, and hold harmless the Back Country Horsemen of California (BCHC), the BCHC Mother Lode Unit, its officers, members, agents, employees, and representatives, from and against all claims, suits, actions, or liabilities (including any of the foregoing by way of indemnification or contribution), for personal injuries, property damage or loss, death, or for attorney fees, which are based on or arise out my participation in such events. This release applies to all such claims, suits, actions, or liabilities, even though they may arise out of or be based on the negligence, lack of care, or other fault on the part of the persons listed above.

In signing this release I acknowledge that (a) equestrian events and activities involving equines involve risks which may result in serious personal injuries, property damage or loss, or death, (b) that trails and areas for equestrian events may consist of rough trails, steep or unstable terrain, water hazards, wild animals, and other natural or manmade obstacles and dangers, and that I may expect to encounter such areas in their natural condition without any preparation or safeguards designed for equestrian activities, and (c) that equines themselves may create dangers because of kicking, running away, throwing riders off, and other disruptive and uncontrollable behaviors.

I am sufficiently skilled in riding equines, and am sufficiently physically fit, to participate in the equestrian events listed above.

This release is binding on my heirs, executors, administrators, and personal representatives.

**DATED:** \_\_\_\_\_, 20\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

In case of emergency, please contact:

\_\_\_\_\_  
(Name) (Phone)

## RELEASE OF LIABILITY ON BEHALF OF MINOR

I, the undersigned parent or guardian of \_\_\_\_\_, address:

\_\_\_\_\_, age(s):\_\_\_\_\_, have read, and having legal authority to do so, agree to all of the foregoing provisions of the **RELEASE FROM ALL LIABILITY** on behalf of such minor and myself. I authorize any supervisory personnel to consent on my behalf to any necessary emergency medical treatment for such minor by a properly licensed or qualified person, and I agree to indemnify and hold harmless any persons giving such consent in accordance with the foregoing **RELEASE FROM ALL LIABILITY**.

**DATED:** \_\_\_\_\_, 20\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_