



**Contra Costa County
Horseman's Association**

3119 Grant St.
Concord, CA 94520

AGREEMENT AND RELEASE FROM LIABILITY

1. I, the undersigned, acknowledge that I have voluntarily applied to participate in horseback riding, instruction, organized events and other use of animals and/or tack owned by me or its members on the premises of Contra Costa County Horseman's Association (CCCHA) or elsewhere in connection with CCCHA sponsored activities.
2. I, the parent/legal guardian of the minor child named herein, acknowledge that I have voluntarily applied for such child to participate in horseback riding, instruction organized events and other use of animals and/ or tack owned by me or furnished to him/her by CCCHA or its members on the premises of CCCHA property or elsewhere in connection with CCCHA sponsored activities.
3. I AM AWARE THAT THERE IS INHERENT RISK AND DANGER IN HORSEBACK RIDING, AND RELATED ACTIVIES AND THAT AMONG OTHER THINGS, HORSES CAN BE UNPREDICTABLE, CAUSE COLLISIONS WITH OTHER HORSES AND/OR OBJECTS, THAT RIDERS MAY FAIL TO MAINTAIN CONTROL OF THEIR HORSES, THAT HAZARDDOUS SURFACE AND/OR SUBSURFACE CONDITIONS MAY EXIST ON THE RIDING TRAILS, ARENAS AND OTHER PROPERTY, AND THAT ALL SUCH MAY CAUSE SERIOUS INJURY AND/OR DEATH. I OR THIS CHILD ARE VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND DO HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY AND/OR DEATH AND REPRESENT THAT I OR THIS CHILD ARE PHYSICALLY FIT AND ABLE TO ENGAGE IN SUCH ACTIVITIES AND VERIFY THIS STATEMENT BY INITIALING HERE: _____.
4. As consideration for being permitted by CCCHA or one of its affiliated organizations to participate in these activities and use of their facilities, I hereby that I/we, my/or assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach the property of CCCHA, members of the Association, owners of individual interest, employees, agents, representatives or any affiliated individuals or organizations, hereinafter CCCHA collectively for injury, death or damage resulting from the negligence or other acts, howsoever caused, by any member, employee, agent or contractor of CCCHA. I/we hereby release CCCHA from all actions, claims, or demands, that I/we, my/our assignees, heirs, distribute, guardians, and legal representatives now have or may hereafter have for injury, death or damaged resulting from my participation in horseback riding, and related activities.
- 5 I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN CCCHA AND MYSELF AND SIGN IT OF MY OWN FREE WILL

Executed at Concord, California on _____, 20____.

RELEASOR:(Please Print) _____ Member: Yes ___ No ___

RELEASOR:(Signature) _____

Minor Child/Children: Date of Birth _____ Date of Birth _____ Family Membership _____

Parent/Guardian (Please Print) _____

Parent?Guardian (Signature) _____