



**MO PARGA HORSE TRAINING, INC.**

**RELEASE AND WAIVER OF LIABILITY AGREEMENT**

**Location:** WALNUT GROVE PARK, 1950 Sycamore Drive, San Marcos, California 92069 Tel (760) 744-9000  
**Date of Event:** November 25, 2018 Sunday

**Voluntary Participation:** I agree that I, the undersigned, do for myself or on the behalf of my child, spouse or property damage we may incur in relation to this event.

**I AM AWARE THAT HORSE RELATED ACTIVITES ARE HAZAROUS, AND I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INURY, DEATH OR PROPERTY DAMAGE.**

**I VERIFY THAT I HAVE READ AND UNDERSTAND THIS STATEMENT BY PLACING MY INITIALS HERE:**

**PARENT OR GUARDIAN'S INITIALS IF UNDER AGE 18:** \_\_\_\_\_

**Incident Costs Responsibility and Medical Insurance Disclosure:** I agree that I/we will be responsible for any and all costs incurred by us for injuries or property damage I/we may incur and that I/we are covered by accident-medical insurance coverage now in force.

**Personal Responsibility:** I agree that I am responsible for the negligent acts of my family members and/or legal wards and animals.

**Personal Financial Losses:** I agree that I am responsible for my own financial loss in relation to the theft or damage to our tack, equipment, vehicles, trailers and horses while on the premises where this event is held.

**Protective Headgear Warning:** I agree that I have been fully warned and advised that I should purchase and wear protective headgear which meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD Equestrian Helmet, while riding, being and working near horses. I understand that the wearing of such headgear while mounting, riding, showing, dismounting, and otherwise being near horses, may reduce severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as the result of a fall from a horse or other occurrences. **ALL SHOULD WEAR A HELMET. HELMET MANDATED FOR ALL MINORS.**

**I, THE UNDERSIGNED, HEREBY RELEASE: Mo Parga Horse Training, Inc., Maura Mekenas-Parga, Michael Parga et al and their heirs,** any helpers/volunteers, agents, Fry's insurance, representatives, employees, volunteers, staff. All staff and owners of the property where this Event is being held and any and all claims, demands, actions or causes of action of any kind or nature whatsoever, whether now known or ascertained, or which may hereafter develop or accrue to me in favor of which may be suffered by me or them or to any property, animate or inanimate, belonging to me or used by me, because of any matter, thing or condition, negligence or default whatsoever, and I assume and accept full risk of danger or any hurt, injury or damage which may occur through or by an reason or matter, thing or condition by an person whatsoever.

**STATEMENT OF AWARENESS - I, THE UNDERSIGNED, BEING OF LEGAL AGE, HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT AND RELEASE. EACH LEGAL AGE PARTICIPANT PARENT OR LEGAL GUARDIAN OF THE MINOR PARTICIPANTS LISTED ABOVE MUST SIGN BELOW:**

**Date** \_\_\_\_\_

**If applicable, Minor's Name** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE of Participant**

\_\_\_\_\_  
**Signature of Minor's Guardian/Parent**

\_\_\_\_\_  
**PRINT NAME of Participant**

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Phone Number** \_\_\_\_\_