

Gaines County Riding Club

Release and waiver of claims

The undersigned who is a spectator or participant in equestrian activities including roping, cutting, penning, and any equestrian event in consideration of use of facilities covenants and agrees as follows:

General Release: The undersigned hereby release and waives any claims that undersigned may now or hereafter have against the equestrian facility, equestrian activity sponsor(s), their employees or their assigns from and against any and all liabilities, losses, damages, costs or expenses of whatever kind of nature, including attorney's fees, which the undersigned may incur as a result of any injury to the undersigned or personal property of the undersigned as a result of the undersigned's activities undertaken at said facility including, without limitation, personal injury and damages thereof including loss of income, earnings, bodily injury, pain and suffering, emotional or mental distress and any other medical expenses.

Assumption Of Risk: The undersigned acknowledges and understands that the equestrian activities undertaken involve extreme risk of personal injury and injury to personal property including horses which may result from the undersigned's participation in equestrian activities. Such injuries may be caused by other participants, the undersigned, arena conditions including uneven or damaged terrain, the presence of moisture or mud, obstacles, and obstructions upon or under the terrain and other natural man-made conditions which may be hazardous to the undersigned or create hazards to the undersigned's activities. The undersigned further acknowledges that these equestrian activities are inherently dangerous and assumes all risk of injury and/or damage which may result from any reason whatsoever thereby.

Binding Effect: The foregoing provisions shall be fully binding upon and shall be effective against the undersigned, its heirs, successors, legal representatives or assigns and shall apply to the actions of the undersigned personally, the undersigned's family, guests, employees, or agents.

In Witness Whereof, this agreement is executed this _____ day of _____.

_____	_____
Phone Number	Signature (Parent if under 18)
_____	_____
Childs Name	Print Name
_____	_____

_____	_____	_____	_____
Address	City	State	Zip Code