

## MEC & PACIFIC COAST QHA ASSUMPTION of RISK and WAIVER

**Back Numbers will not be issued until all persons showing/handling horses have signed.**

For valuable consideration and to induce permission to participate in equestrian activities held at **Murieta Equestrian Center ("MEC")**, 7200 Lone Pine Drive, Rancho Murieta, CA 95683, each of the undersigned agrees to the following terms and makes the following warranties:

I acknowledge that participating in equestrian activities, whether as a show participant or an audience member, is a HAZARDOUS RECREATION ACTIVITY with RISK of damage or PERSONAL INJURY, including PARALYSIS OR DEATH, to any person or property. Equines have the propensity to behave in ways that may result in injury, harm, or death to persons on or around the equine; have unpredictable reactions to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; are susceptible to certain hazards such as surface or subsurface conditions, collisions with other equines or objects; propensities include kicking, biting, stamping, stumbling, rearing, and others; tack equipment can fail resulting in falling or loss of control; and activities have the potential of the participant(s) to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or not acting within the participant's ability. Equine activities are INHERENTLY DANGEROUS. I understand this is not a complete description of all risks and that other unknown or unforeseeable hazards and risks of harm may occur.

With this in mind, I accept full responsibility for my own safety and EXPRESSLY ASSUME ALL RISKS OF HARM, whether foreseen or unforeseen, while participating in equestrian activities at the **Murieta Equestrian Center**. I am physically fit and know of no medical or health reason why I should not participate in this activity.

I hereby RELEASE and agree to DEFEND, INDEMNIFY AND HOLD HARMLESS **MEC, Cosumnes Corporation, Foxfarms, Inc.**, their shareholders, officers, employees, agents, instructors, equipment manufacturers, lessors, and insurers, *including Pacific Coast Quarter Horse Association, Darlene Mills, dba Back to Basics Show Management, National Reined Cow Horse Association, & the American Quarter Horse Association*, (hereinafter collectively referred to as "**Parties Released**") from and against any liability, demand, claim, or right of action for any damage or injury, including paralysis or death, to any person or property, even if such damage or personal injury results from the NEGLIGENCE of **MEC** or other Parties Released. I further COVENANT NOT TO SUE or make any demand or claim against **MEC** or other Parties Released, for or by reason of any such damage or personal injury from my participation in equestrian activities at **MEC**. I will pay all fees, damages, and costs, including attorney fees that **MEC** or other Parties Released may incur in the enforcement of this agreement.

A signed liability waiver is a condition to your participation in any event. Failure to sign will lead to your disqualification and removal from property. I have carefully read this document and fully understand its contents, which I adopt as a completely integrated and exclusive statement of the entire terms of agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State / Zip \_\_\_\_\_

Telephone / Cellular Telephone # \_\_\_\_\_

E-Mail \_\_\_\_\_

### Guardian Representation:

As a GUARDIAN of any minor person under 18 years of age participating in equestrian activities at **MEC**, I make these representations and agree to the terms of this Assumption of Risk and Waiver on behalf of each minor, as well as myself, and I agree to assume responsibility for their safety. I further agree to DEFEND, INDEMNIFY AND HOLD HARMLESS **MEC, Cosumnes Corp., Foxfarms, Inc.**, and all other Parties Released from and against any demand, claim, and right of action, or suit that may be brought on behalf of any such minor arising from equestrian activities at **MEC**. I will pay all fees, damages, and costs, including attorney fees that **MEC** or other Parties Released may incur in the enforcement of this agreement. My child/ward is physically fit and I know of no medical or health reason why they should not participate in this activity. I intend this agreement to bind me and my family, my assigns, estate, heirs, and personal representatives. This contract is severable and shall be interpreted and enforced under the laws of the State of California.

I have carefully read this document and fully understand its contents which I adopt as a completely integrated and exclusive statement of the entire terms of agreement.

Full Name of Minor(S) Date(S) of Birth

\_\_\_\_\_ DOB \_\_\_\_\_

Full Name of Minor(S) Date(S) of Birth

\_\_\_\_\_ DOB \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Emergency Telephone Numbers ( \_\_\_\_\_ ) \_\_\_\_\_ Evening/ Weekend Number ( \_\_\_\_\_ ) \_\_\_\_\_