

VISTA PALOMAR RIDERS, INC.

Mailing Address: P. O. Box 1145, Bonsall, CA. 92003

Liability Release (Required for all Members and Guests)

I UNDERSTAND HORSES AND HORSE RELATED ACTIVITIES CAN BE VERY DANGEROUS. I UNDERSTAND THE RISK AND ASSUME ALL RESPONSIBILITY FOR MY ACTIONS. I acknowledge that horseback riding is a dangerous sport which carries inherent risks of injury or even loss of life as well as damage to my horse, my property and/or myself/family member whether adult or minor. I knowingly assume all risks whether known or unknown while watching, grooming, or handling any horse. I also knowingly assume all risks whether known or unknown while participating in a horse activity that involves horses whether I am a participant or observer. I waive, release and hold harmless Vista Palomar Riders, Inc., its members, Board of Directors, their families, agents, employees, representatives, heirs and assigns. I agree that I will defend, indemnify and hold harmless Vista Palomar Riders, Inc. against all claims, demands and causes of action including court costs and attorney fees arising from any proceeding or lawsuit. All junior exhibitors riding anywhere on the grounds must wear protective headgear with harnesses buckled or they will be prohibited from riding anywhere other than the show ring.

_____ (Initial) I am aware that Vista Palomar Riders may have photographers at their events and give VPR permission to use these photos in print, electronic, or video format of myself or my child/ren. I release all claims against VPR with respect to copyright, ownership and publication including any claims for compensation related to the use of these photos.

_____ (Initial) Disclaimer: The Vista Palomar Riders, Inc. (VPR) is not involved in any aspect of service or sale transactions on site. VPR makes no representations or warranties of any kind, as to the services or items for sale at any event.

By signing below, you consent to the legally bound by this Agreement's terms and conditions.

PRINT NAME _____

SIGNATURE _____ DATE _____

Printed Minor's Name _____

Signature (Parent/Guardian) _____ DATE _____

Emergency Contact: _____ Relationship _____ Phone # _____

**** Unless specifically revoked, this release is valid until further notice. Revised 5/13/2017