

SCCHA Liability Release Waiver

This Release contains important limitations of legal liability

Name: _____

Address: _____ City: _____

State: _____ ZIP: _____ Phone: _____

email: _____

Santa Clara County Horsemen's Association, Inc. (SCCHA) PARTICIPANT'S HOLD HARMLESS AGREEMENT RELEASE OF LIABILITY. I acknowledge that horseback riding is a sport, which carries inherent risks of injury and damage to my horse, my property and myself. I knowingly assume all risks, whether known or unknown, of horseback riding, instruction, organized events and use of the **SCCHA** premises. I hereby release the **SCCHA** from all liability for any act of negligence or want of ordinary care on the part **SCCHA** or any of its agents. In consideration of my involvement with any activities on the premises, or events organized or sponsored elsewhere by **SCCHA**, I waive, release and discharge **SCCHA**, its directors, officers, agents and members, their representatives, heirs, executors and all other persons and organizations in any way connected with **SCCHA** events from any and all claims of liability for injury or damage to myself, my animals or my property arising out of my participation. This agreement is binding upon my executors, heirs and assigns. I expressly waive any rights I may have under California Civil Code 1542, which states "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him might have materially affected his settlement with the debtor." I agree that I will indemnify and hold harmless **SCCHA**, their officers, directors, members and agents against all claims, demand, and cause of action, including court costs and actual attorney fees, arising from any proceeding or lawsuits brought by or prosecuted for my benefit, in which this release is upheld. Santa Clara County Horsemen's Association, its agents or employees shall not be liable for any damage which may accrue from any cause or as a result of fire, theft, mining away, state of health, injury to person, horse or property.

I acknowledge that I have read this Release of Liability and know and understand its contents.

Upon signing, this document becomes the property of the Santa Clara County Horsemen's Assoc., Inc.

Signature: _____ Date: _____

PARENT OR LEGAL GUARDIAN MUST COMPLETE THIS SECTION FOR ALL MINORS

Minor Name: _____

Minor Name: _____

I, the undersigned parent or guardian of the above minors, in consideration of my minor's participation in **SCCHA** activities and use of its premises, agree that the terms and conditions of this Release of Liability shall be binding as to damage or injury to my minor, his/her animals, and property arising out of his/her participation in events. We further warrant that we have health and accident insurance on said minor(s). I acknowledge that I have read this Release of Liability and know and understand its contents.

Parent/Guardian Name (print) _____

Signature: _____ Date: _____

AGREEMENT TO ABIDE BY SCCHA's BYLAWS & RULES AND GUIDELINES

I have read and agree to abide by all the SCCHA Rules posted at the event and on the **SCCHA** website.

Signature: _____ Date: _____