



Santa Clara County Horsemen's Association Liability Release Waiver Updated 2/4/23

Adult 1 Name: _____
Phone: _____ Email: _____

Adult 2 Name: _____
Phone: _____ Email: _____

Address: _____
City: _____ State _____ Zip _____

Santa Clara County Horsemen's Association, Inc. (SCCHA) LIABILITY RELEASE WAIVER. 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. 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 officers, directors, agents and members, their representatives, heirs, executors and all other persons and organizations in any way connected with **SCCHA** from any and all liability claims of 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 further 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 occur from any cause or as a result of fire, theft, health, injury to person, horse or property.

- I acknowledge that I have read this Release of Liability and understand its contents.
- I acknowledge that I have health and accident insurance.
- Upon signing, this document becomes the property of the Santa Clara County Horsemen's Assoc., Inc. A copy will be supplied upon request. This document remains in effect for the duration of the SCCHA Membership. For non-members, this document remains in effect for the remaining calendar year.**

Adult 1: _____ Date: _____
Adult 2: _____ Date: _____

PARENT OR LEGAL GUARDIAN MUST COMPLETE THIS SECTION FOR ALL MINORS

Minor Name: _____ D.O.B. _____
Minor Name: _____ D.O.B. _____
Minor Name: _____ D.O.B. _____
Minor Name: _____ D.O.B. _____
Minor Name: _____ D.O.B. _____

I am the parent or guardian of these minors and agree to the terms and conditions of the SCCHA Liability Release Waiver. I further warrant that I have health and accident insurance on said minor(s).

Parent/Guardian Name (print) _____
Signature: _____ Date: _____