



California State Horsemen's Association, Incorporated
1330 W. Robinhood Drive Suite D; Stockton, CA 95207
209-227-7110

RELEASE OF LIABILITY

PARTICIPANT: _____ TELEPHONE: _____
ADDRESS: _____
CITY: _____ ZIP: _____ STATE: _____

I the undersigned acknowledge this event carries inherent risks of injury and/or damage to a person, an animal and /or property. I knowingly assume all risks, whether known or unknown, of these activities.

I hereby release the California State Horsemen's Association, Incorporated (hereinafter referred to as CSHA), or any of its agents from all liability for any act of negligence or want of ordinary care on the part of CSHA or any of its agents.

In consideration of my participation in events organized or sponsored by CSHA, I waive, release and discharge CSHA and their directors, officers, agents, and members, their representatives, heirs, executors and assigns from any and all claims of liability for injury or damage to myself, my animals, or my property arising out of my participation. This is binding upon my executors, heirs and assigns.

I acknowledge that I have read this Release of Liability; know and understand its contents and the rules and requirements for this *CSHA* event.

I, the undersigned parent or guardian of the above participant in consideration of my minor's attendance/participation in the event, agree to the terms and conditions of this Release of Liability; and understand the rules and requirements for this *CSHA* event. This shall be binding as to any injury to the minor, his/her animals and/ or damage to property arising out of his/her attendance and / or participation in the event.

Signature: _____ **Date:** _____

If signatory is parent/guardian complete the following section

NAME _____

Relationship: _____ phone/cell #: () _____

ADDRESS: _____ City: _____ Zip: _____