

## CALIFORNIA STATE HORSEMEN'S ASSOCIATION, INCORPORATED Release of Liability

Participant			Age:	(if 17 & under)
Address:				
City:	State:	Zip:		_
I the undersigned acknowledgerson, an animal, and/ or proof these activities.				_
I hereby agree I will indemni <b>Incorporated</b> (hereinafter rethe land and business own ( <b>Running I Ranch</b> ) from all part of <i>CSHA</i> , and <i>Royalty/Yo</i> from any proceedings or laws	ferred to as CSHA), and the error and the er	nd Royalty/Y cose property negligence or ats; to include	outh or any this event want of ord actual atto	of its agents and is being held inary care on the
In consideration of my par Roytly/Youth I waive, release representatives, heirs, executor damage to myself, my animal upon my executors, heirs and a	and discharge, their din ors and assigns from an s, or my property arisin	rectors, officer ny and all cla	rs, agents, ar ims of liabi	nd members, their lity for injury or
( ) I acknowledge that I have read requirements for this <i>CSHA</i> event. ( ) Riding Helmets: I understand equestrian head gear while mounting the increased risk of injury if I decide for all riders under the age of 18. ( ) I, the undersigned parent or granticipation in the event, agree to rules and requirements for this <i>C</i> animals and/or damage to property at (x) All Activities during period: Jacobs 18.	that I can better protect mg, riding, dismounting and value not to wear a helmet. An uardian of the above partico the terms and conditions SHA event. This shall be trising out of his/her attendar	nyself against he when around hor a ASTM/SEI cer cipant in consider of this Release binding as to a nce and/or partic	ead injuries by ses. I accept f tified equestrial eration of my of Liability; any injury to	wearing protective full responsibility for an helmet is required minor's attendance, and understand the the minor or his/her
Signature:  If signatory is a parent/guardian complete	e the following section:			
Name:	C			
Relationship:				
Address:				
City:		_ State	Zıp	