

# FORT DALLES RIDERS

P.O. Box 491, 1023 Irvine Street, The Dalles, OR 97058

## **EQUESTRIAN RELEASE, ASSUMPTION OF RISK AND INDEMNIFICATION FORM**

### **READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS DOCUMENT WAIVES IMPORTANT LEGAL RIGHTS.**

I AGREE, in consideration for my use of the Fort Dalles Riders grounds as a guest and/or member, while riding my horse on the grounds and/or participation in any activity, show, exhibition or event sponsored by the Fort Dalles Riders, as follows:

I AGREE that my use or participation, with my horse, as a rider, driver, handler, leasee, owner, agent, coach, trainer, or as a parent or guardian of a minor exhibitor, on Fort Dalles Rides grounds is entirely voluntary. I am fully aware and acknowledge that horse sports involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering or death ("Harm"). Refer to ORS 30.691.

I AGREE to release the Fort Dalles Riders from all claims for money damages or otherwise for any harm caused by me or my horse to others, even if the harm resulted, directly or indirectly, from the negligence of the Fort Dalles Riders. I AGREE to expressly assume all risks of harm to me or my horse, including harm resulting from the negligence of the Fort Dalles Riders.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Fort Dalles Riders and to hold harmless with respect to claims for harm to me or my horse, and for claims made by others for any harm caused by me or my horse at the Fort Dalles Riders.

I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the Fort Dalles Riders encourages me to do so. Children under age 18 must wear a certified helmet.

If I am a parent or legal guardian of a minor exhibitor, or a responsible adult with some actual authority over the minor, I consent to the child's participation and AGREE to all the above provisions and AGREE to assume all of the obligations of this Release on the child's behalf. As a parent or legal guardian of a minor exhibitor, or a responsible adult with some actual authority over the minor, I agree to be present and to actively supervise all activities of the minor involved.

I AGREE that any reference to the Fort Dalles Riders herein is intended to include all of its officers, directors, employees, agents, personnel, volunteers and affiliated organizations.

**BY SIGNING BELOW, I FURTHER AGREE TO BE BOUND BY ALL APPLICABLE FORT DALLES RIDERS RULES AND ALL TERMS AND PROVISIONS OF THIS EVENT.**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

### **Parent/Legal Guardian (Required for Participant under 18 years of age)**

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_