



**RELEASE OF LIABILITY AND INDEMNIFICATION
PLEASE READ CAREFULLY BEFORE SIGNING**

**To be provided by members of, or participants in,
Blue Shadows Mounted Drill Team
(the "Organization")**

I am fully aware of the risks and hazards in, or associated with, participation in horseback riding provided through participation in the above-named Organization (the "Activities"). Accordingly, with full knowledge of such risks and hazards, and in consideration of the Released Parties identified below allowing the undersigned and/or the minor child identified below ("Permitted Minor") to participate, as a member of, or participant in, the Organization in the Activities, I elect to voluntarily participate in the Activities and/or to permit the "Permitted Minor, of whom I am the parent or legal guardian and on behalf of whom I am signing this Release of Liability, to participate in the Activities. I further assume all risk of loss, damage, including property damage, and injury, including bodily injury and death, that may be sustained by the undersigned and/or the Permitted Minor. I, on behalf of myself, the Permitted Minor, and the dependents, legal representatives, executors, successors and assigns of myself and the Permitted Minor, hereby release, discharge, and agree to indemnify and hold harmless, Hansen Dam Horse Park, their members, managers, trainers, instructors, employees, agents, successors and assigns (collectively referred to as the "Released Parties") from any and all claims, demands, lawsuits, judgments, arbitrations, actions, causes of action, awards, liability and expenses, including attorney fees, arising out of, or in any way related to any loss, damage (personal property or otherwise), or personal injury, including bodily injury and death, that may be sustained by myself or the Permitted Minor while participating or preparing to participate in, the Activities or in connection with the activities of Released Parties relating to the conduct of the Activities.

BY SIGNING THIS FORM, I acknowledge that the rider indicated below is a member of, or otherwise participates in the activities of the Organization indicated above. I further acknowledge that I have read this Release of Liability and acknowledge and understand that this Release of Liability is binding on myself, the Permitted Minor and the dependents, legal representatives, executors, successors and assigns of myself and the Permitted Minor.

NAME OF RIDER (Print)

**SIGNATURE OF RIDER
(OR SIGNATURE OF PARENT OR GUARDIAN
IF RIDER IS A MINOR)**

DATE

ADDRESS: _____

Telephone: _____

I also give my permission for my child's name and/or photo to be used on the Blue Shadows' website/social media, for fund raisers and publicity, and/or any other activities involving Blue Shadows.

Parent/Guardian _____ Date _____

**THIS FORM IS A RELEASE OF LIABILITY.
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