



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

Participant \_\_\_\_\_ Age: \_\_\_\_\_ (if 17 & under)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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 agree I will indemnify and hold harmless **California State Horsemen's Association, Incorporated (hereinafter referred to as CSHA)**, and \_\_\_\_\_ or any of its agents and the land and business owners/controllers on whose property this event is being held from all liability for any act of negligence or want of ordinary care on the part of **CSHA**, and \_\_\_\_\_ or any of its agents; to include actual attorney fees arising from any proceedings or lawsuits brought by or prosecuted on my behalf.

In consideration of my participation in events organized or sponsored by **CSHA**, and \_\_\_\_\_ I waive, release and discharge, 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 or 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 a parent/guardian complete the following section:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ phone/ cell # ( ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_