



California State Horsemen's Association, Incorporated
RELEASE OF LIABILITY

PARTICIPANT: _____ PHONE/Cell# _____

ADDRESS: _____

CITY: _____ ZIP: _____ STATE: _____

I acknowledge I am attending and/ or participating in an event which carries inherent risks of injury and/or damage to myself, my horse, and/ or my 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,** or any of its agents and the land and business owners/controllers on whose property I participate from all liability for any act of negligence or want of ordinary care on the part of **CSHA, Inc** 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, Inc,** 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 CSHA events.

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

Month Day Year

NAME: _____ TELEPHONE: () _____

ADDRESS: _____ CITY _____ ZIP _____

Signature: _____ Date: _____