

2020 Rider Participation Waiver and Hold Harmless Agreement

This release contains important limitations of legal liability. Please read it carefully!

Rider's Name: _____ Age: _____ *(Please Print)*

Parent or Guardian's name: _____ *(Please Print)*

Address: _____

Date of Birth of Rider: _____ FRR Member: YES: _____ NO: _____

Emergency Contact: _____ Phone: _____

ALL RIDERS UNDER THE AGE OF 18 MUST WEAR AN EQUESTRIAN HELMET, PER CSHA RULES.

I acknowledge that competitive and pleasure horse riding contains inherent risks of injury and damage to me personally, to my horse and to my equipment. Knowing these facts, I nevertheless in consideration of your acceptance of this form, hereby for myself, my heirs, executors and administrators waive, release, discharge and hold harmless Fullerton Recreational Riders, it's Officers and Board Members, the City of Fullerton, the County of Orange, the California State Horseman's Association (CSHA), animal owners, teachers/trainers and all individual members thereof and all other persons and organizations in any way connected with the events, property, shows, clinics or any other activity associated herewith, their representatives, heirs, executors, administrators, and assignees, from any and all claims of any and all right claims or liability for damages, or for any and all claims of any kind or nature that I might have as a result of or arising out of my participation in any activity at the FRR Arena (Euclid and Lakeview) or the location of any FRR event.

Further, I do hereby acknowledge that this release will extend to any accidents, damages or claims arising out of my participation caused by my own acts or acts of anyone or any animal within my control or that of others on the premises of Fullerton Recreational Riders. I further agree that I will defend, indemnify and hold harmless Fullerton Recreational Riders, it's Officer's and Board Members, the City of Fullerton, the County of Orange, CSHA or any of them against all claims, demands and cause of action including court costs, and attorney's fees, directly or indirectly arising from any action or other proceeding brought by or prosecuted for my benefit contrary to this release extended to all claims of every kind, any nature whatsoever, whether known or unknown and expressly waive any benefits I may have under Section 1542 of the California Civil Code relating to the release of unknown claims.

Please PRINT the following on the lines below.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE FOREGOING STATEMENTS COMPLETELY.

2020 Rider Participation Waiver and Hold Harmless Agreement

This release contains important limitations of legal liability. Please read it carefully!

MINORS MUST HAVE THE FOLLOWING LIABILITY SIGNED BY PARENT OR GUARDIAN

I, the undersigned parent or guardian of _____ for and in consideration of my child's participation in FRR events and shows, state that I have read the Fullerton Recreational Riders Rider Participation Waiver and I Hold Harmless Agreement and expressly agree that the terms and conditions of said Agreement shall apply to and be binding upon me and my minor child insofar as it pertains to her his participation and to any injury or damage said minor child or horse within his, her control may sustain or cause as a result of said participation. FRR reserves the rights to use any and all photographs taken of participants during events for its publications and website.

I declare under penalty of perjury that the foregoing is true and correct.

Please PRINT the following statement on the lines below:

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE FOREGOING STATEMENT COMPLETELY.

Rider's Signature: _____

Parent/Guardian Signature: _____

This agreement will remain in effect until one year from this Date: _____

VOLUNTARY AUTHORIZATION TO CONSENT TO TREATMENT

You may not appoint FRR to make medical decisions for your minor.

I, (we) the undersigned, parent(s) or guardian(s) of _____, do hereby authorize _____ as agent(s) for the undersigned to consent to any x-ray, examination, anesthetic, medical surgical diagnosis or treatment which is deemed advisable by and is rendered under the general or special supervision of any physician, surgeon or dentist licensed under the provisions of the medical practice act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at hospital.

It is understood that at no time will FRR or any Show personnel be responsible for making emergency medical decisions for any participant or attendee at any FRR event.

Parent/Guardian Signature: _____

Date: _____