



Participant Hold Harmless Agreement

Name _____

Address _____

Phone _____ Email _____

THE UNDERSIGNED STATES AS FOLLOWS:

(A parent or legal guardian must sign if the participant is under the age of 18.)

I, The Participant, Parent or Legal Guardian of the participant acknowledge that competitive equine events contain inherent risks of personal injury, injury to supplies, and to equipment. Knowing these facts, I nevertheless, in consideration of your acceptance of this form, hereby for myself, my family members and/or legal wards, heirs, executors, and administrators in any way connected with the event, property, boarding, lessons, sales, or any other activity described herein, their representatives, heirs, executors, administrators, and assignees release, indemnify, and hold harmless Camelot Equestrian Park from any liability for damages or for any and all injuries that might be sustained by me, my family members and/or legal wards, including injuries to my employees and/or personal property or from any and all claims of any kind or nature that I, my family members and/or legal wards might have as a result of, or arising out of participation in any activity on the premises. Further, I hold harmless Camelot Equestrian Park for any sales, services, or representations for the duration of my stay upon the premises.

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 act, or anyone, or any animal within my control. I further agree that I will defend, indemnify, and hold harmless Camelot Equestrian Park, its owners, officers, directors, members and agents any and all of them against all claims, demands and causes of action including court costs and attorney 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 and nature whatsoever, whether known or unknown, and expressly waive any benefits I may have, Section 1542 of the California Civil Code relating to the release of unknown claims.

_____ I acknowledge that I, The Participant, Parent or Legal Guardian, will be responsible for any and all costs incurred by the
initial participant or the participant's family members for injuries or property damage that I or my family may incur, and that I, the Participant, Parent or Legal Guardian, have accident medical insurance coverage in force for injuries that I or my family may incur.

_____ I acknowledge that I, The Participant, Parent or Legal Guardian, should purchase and wear ASTM-standard/SEI-certified
initial equestrian helmets while participating in equine activities. I understand that the wearing of such headgear while participating in equine activities may reduce the severity of some of the participants head injuries in the event of a fall or other related accident.

_____ I acknowledge that I, The Participant, Parent or Legal Guardian, participate in this event totally at my own risk for injuries
initial or property damage I or my family may incur and, I acknowledge that I, the Participant, Parent or Legal Guardian, et al, hereby release and hold harmless the sponsor, co-sponsors, their owners, their officers, directors, members, affiliated organizations and others acting on its behalf, from any claim, legal liability, legal action, or right of damages, for any accident which may occur to me or my equine animal. I also assume and accept full responsibility for any damages done by me or my equine animal.

MINORS (UNDER 18) MUST HAVE THEIR PARENT OR LEGAL GUARDIAN SIGN THIS AGREEMENT.

I do acknowledge that I have read the foregoing Agreement, and know, and understand, and agree to the content thereof.

Participant's Signature _____ Print name _____

I, the parent or legal guardian of _____, for and in consideration of my child or ward's participation at Camelot Equestrian Park, state that I have read, and understand, and agree to all the terms and conditions of this Agreement.

I further warrant that I have health and accident insurance on said minor.

Signature _____ Print name _____

Executed on this _____ day of _____, 20__.