

WAIVER OF LIABILITY NOTICE FOR BASIC HORSEMANSHIP AND RIDING

Participant Name: _____

Telephone _____ Email _____

Address _____

I acknowledge that horseback riding and other equine related activities hold inherent risks. I hereby knowingly assume all risks, whether known or unknown. The undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions, or causes of action, for personal injury, property damage or wrongful death occurring to myself as a result of engaging or receiving instructions in said activities, or any incidental thereto, wherever of however the same may occur and continue. I agree that if I suffers personal injury that I will hold harmless Stephanie Koch, Judy McHerron, Lisa Lombardi, Maxine Freitas, Joyce Torrigino, Diana Thompson, their family, Sonoma County Junior College District, SRJC Shone Farm and its affiliates. Under no circumstances will I, my heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against the Sonoma County Junior College District or any of its officers, agents or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.

It is the intention of the participant, by this instrument, to exempt and relieve the Sonoma County Junior College District from liability for personal injury, property damage or wrongful death caused by negligence.

I expressly waive any rights I may have under California Civil Code 1542, which states: "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him might have materially affected his settlement with the debtor."

The undersigned acknowledges that he/she has read and understands this release of liability and the above information, has been fully and completely advised of the potential dangers incidental to engaging/participating in the activity and/or instruction of the above-mentioned, understands he/she is not covered by Sonoma County Junior College District insurance, and is fully aware of the legal consequences of signing the within instrument.

Printed name: _____

Signature: _____

Date: _____

Emergency Contact:

Name _____ Phone _____

Relation to Child _____

Allergies _____

Any other information you would like us to be aware of?
