

RELEASE OF LIABILITY

I acknowledge that horseback riding is a sport that carries inherent risks of injury and damage to my horse, my property, and me. I knowingly assume all risks, whether known or unknown, of horseback riding. I hereby release the **Saddle Sore Riders, Inc.** (hereinafter referred to as **THE CLUB**) from all liability for any act of negligence or want or ordinary care on the part of **THE CLUB** or any of its agents. In consideration of my participation in events organized or sponsored by **THE CLUB**, I waive, release, and discharge **THE CLUB**, 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 agreement is binding upon my executors, heirs, and assigns.

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 exists in his/her favor at the time of executing the release, which if known by him/her might have materially affected his/her settlement with the debtor".

I agree that I will indemnify and hold harmless **THE CLUB**, their officers, directors, member, and agent against all claims, demands, and causes of action, including court costs, and actual attorney fees arising from any proceeding or lawsuits brought by or prosecuted for my benefit, in which this release is upheld.

THE CLUB, its agents or employees shall not be liable for any damages that may accrue from any cause or as a result of fire, theft, running away, state of health, injury to person, horse or property.

I acknowledge that I have read this **Release of Liability** and know and understand its contents.

1. **Name:** _____ **Signature:** _____ **Date:** _____ **Addr.**
(City/State/ZIP): _____
2. **Name:** _____ **Signature:** _____ **Date:** _____ **Addr.**
(City/State/ZIP): _____
3. **Name:** _____ **Signature:** _____ **Date:** _____ **Addr.**
(City/State/ZIP): _____
4. **Name:** _____ **Signature:** _____ **Date:** _____ **Addr.**
(City/State/ZIP): _____
5. **Name:** _____ **Signature:** _____ **Date:** _____ **Addr.**
(City/State/ZIP): _____
6. **Name:** _____ **Signature:** _____ **Date:** _____ **Addr.**
(City/State/ZIP): _____
7. **Name:** _____ **Signature:** _____ **Date:** _____ **Addr.**
(City/State/ZIP): _____