



Shadow Hills Vaulting Club

Waiver and Release of Claims / Hold Harmless Agreement / (Parental Consent - Minor Participation)

10263 La Canada Way | Shadow Hills, California 91040
818-590-3319 | shadowhillsvaultingclub@gmail.com

In consideration of this participant being allowed to vault and/or ride a horse owned, leased or borrowed or under the instruction of Shadow Hills Vaulting Club / Geoffrey Woolson the undersigned agrees to the following:

I agree that vaulting and horseback riding are sports that carry inherent risks of injury and damage to myself and property. I knowingly assume all risks, whether known or unknown, of vaulting and horseback riding. knowing these facts, I nevertheless in consideration of your acceptance of this form for myself and my heirs, executors and administration hereby indemnify, waive, release, discharge and hold harmless Shadow Hills Vaulting Club / Geoffrey Woolson and all individual members thereof, and all other persons and organizations in any way connected with Shadow Hills Vaulting Club against all claims, demands and causes of action including court costs and actual attorney fees, directly or indirectly arising from any action or proceeding brought by or prosecuted from my benefit in which this release is upheld.

In consideration of my participation in this club and in any events organized or sponsored by the club, I waive, release and discharge Shadow Hills Vaulting Club / Geoffrey Woolson and/or their directors, officers, agents, members, their representatives, heirs, executors and all other persons and organizations connected against all claims of liability for injury or damage to myself.

This release is intended to and hereby discharges in advance the persons or entities named above from all liability arising out of or connected to, in any way, to my participation or my child's participation in vaulting or horseback riding even though that liability may arise out of negligence or carelessness on the part of the persons or entities named and released above.

Parent or Legal Guardian Must Sign This Section For All Minor Participants:

Participant's Name _____ Date of Birth _____

Participant Signature (if over 18) _____ Date ___ / ___ / ___

Parent/Guardian Signature (if under 18) _____ Date ___ / ___ / ___

Phone 1 _____ Phone 2 _____

e-mail _____

Street Address: _____

City: _____ State: _____ Zip: _____



SHADOW HILLS
EQUESTRIAN CENTER

Shadow Hills Equestrian Center

10263 La Canada Way, Shadow Hills, CA 91040

WAIVER & LIABILITY RELEASE

PLEASE PRINT NAME _____

SERIOUS INJURY MAY RESULT FROM RIDING, WORKING ON THE GROUND OR BEING IN THE VICINITY WITH HORSES.

Please read carefully before signing:

This is a waiver regarding your legal rights and an agreement not to enter into legal arbitration and/or litigation with: *Shadow Hills Equestrian Center, Inc., Shadow Hills Riding Club, Inc., John T. Higginson* (property owner), *George Kallimanis* (property owner), *Don and Candy Trubey* (property owners).

1. LIABILITY RELEASE

In consideration of SHADOW HILLS EQUESTRIAN CENTER allowing my participation in this activity, under the terms set forth herein, I, the RIDER/OWNER/VISITOR, and the parent or guardian thereof if a minor, do agree to hold harmless and release SHADOW HILLS EQUESTRIAN CENTER its owners, agents, employees, officers, members, premises owners, insurers, and affiliated organizations from legal liability due to SHADOW HILLS EQUESTRIAN CENTER ordinary negligence; and I do further agree *that except in the event of SHADOW HILLS EQUESTRIAN CENTER gross negligence and willful and wanton misconduct*, I shall not bring any claims, demand, legal actions and causes of action, against SHADOW HILLS EQUESTRIAN CENTER and/or its associates, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of SHADOW HILLS EQUESTRIAN CENTER to include while riding, handling, or otherwise being near horses owned by or in the care, custody and control of SHADOW HILLS EQUESTRIAN CENTER.

A. NATURE OF HORSES – No horse is a completely safe horse. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from a horse to ground it will generally be at a distance of from 3 ½ to 5½ feet, and the impact may result in injury to the rider. Horseback riding is the only sport where on much smaller, weaker predator animal (human) tries to impose its will on, and become on unit of movement with, another much larger, stronger prey animal with a mind of its own (horse) and each has a limited understanding of the other. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: stopping short, changing directions or speed at will; shifting its weight; bucking; rearing; kicking; biting; or running from danger. I fully understand these terms. Initial here _____.

B. ACTIVITY RISK CLASSIFICATION – Horseback riding is classified as RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY, and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions including. I understand that women while pregnant only ride with direct consent from their doctor.

C. PROTECTIVE HEADGEAR WARNING – I have been fully warned and advised by SHADOW HILLS EQUESTRIAN CENTER that the RIDER should purchase and wear protective headgear (riding helmet), and that the wearing of such headgear while mounting, riding, dismounting, and otherwise being around horses, may prevent or reduce severity of some head injuries and even prevent death from happening as the result of a fall or other occurrence. Minors 16 and under are required to wear protective headgear, unless in special circumstances and waived by parent or legal guardian. Initial here _____.

D. CONDITIONS OF NATURE – SHADOW HILLS EQUESTRIAN CENTER is NOT responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall, or react in some other unsafe way. **SOME EXAMPLES ARE:** thunder, lightening, rain, wind, wild and domestic animals, insects, reptiles, which may walk, run, fly near, bite and/or sting a horse or person; and irregular footing on out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape.

E. INSPECTION OF PREMISES – RIDER has inspected SHADOW HILLS EQUESTRIAN CENTER facilities and trails and is satisfied that all premises conditions are reasonably safe for RIDER'S intended purpose, usage and presence upon the SHADOW HILLS EQUESTRIAN CENTER premises Initial here _____.

F. ACCIDENT/MEDICAL AND PERSONAL LIABILITY INSURANCE – Your safety is of our greatest concern. However, in case of an accident, should non-emergency and/or emergency medical treatment be required, I and/or my own accident/medical insurance company shall pay for all such incurred expenses. My accident/medical insurance company is _____ and my policy number is _____. My personal liability insurance company is _____ and my policy number is _____. I give my permission to have the staff, instructors, owner of SHADOW HILLS EQUESTRIAN CENTER to call emergency services if I am unconscious. Initial here _____. If I verbally or have written agreement to SHADOW HILLS EQUESTRIAN CENTER, including all staff, employees, trainers and instructors, to give permission to call emergency services in event of an accident, I will not hold SHADOW HILLS EQUESTRIAN CENTER financially responsible.

Should my actions or that of my horse cause injury or damage to another person or the property of any kind above and beyond normal wear and tear of property used by horses, I and/or my own personal liability shall pay for such damages. This includes chewing and destroying fences, ripping apart buckets, pipe or stall damage caused by kicking, rolling, casting, biting, cribbing, chewing and any other vices. Initial here _____.

All Riders and Parents or Legal Guardians must sign below after reading this entire document:

SIGNER STATEMENT OF AWARENESS: I/WE, THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE AND ASSUMPTION OF RISK. I/WE FURTHER ATTEST THAT ALL FACTS RELATING TO THE APPLICANT ARE TRUE AND ACCURATE.

_____ DATE _____

SIGNATURE OF RIDER/VISITOR/HORSE OWNER (Parent must sign for rider 17 & under.)

_____ for _____

SIGNATURE OF PARENT, or GUARDIAN (Please print)

DATE _____

Address in full: _____

Home Phone #: _____ Bus. Phone #: _____

Email address (please print carefully) _____

Horse experience, please check box below: 3

Beginner Intermediate Advanced Professional

Shadow Hills Equestrian Center

10263 La Canada Way, Shadow Hills, CA 91040