



INDIAN VALLEY RIDING & ROPING CLUB

P. O. Box 151 Taylorsville, CA 95983

DAILY GUEST - RELEASE OF LIABILITY

I/we are requesting permission to participate in a horse related activity sponsored by the Indian Valley Riding & Roping Club.

I/we acknowledge that horseback riding and related events are a sport which carries inherent risks of injury and damage to myself, family members, my horse and related property. I KNOWINGLY ASSUME ALL RISKS, WHETHER KNOWN OR UNKNOWN OF HORSEBACK RIDING.

Also, I/we RELEASE INDIAN VALLEY RIDING & ROPING CLUB (I.V.R.R.C.), FROM ALL LIABILITY FOR ANY ACT OF NEGLIGENCE OR WANT OF ORDINARY CARE ON THE PART OF THE ORGANIZATION OR ANY OF ITS AGENTS. In consideration of my participation in events organized or sponsored by I.V.R.R.C., I/we waive, release, and discharge I.V.R.R.C., its directors, executors, and assigns from any and all claims or liability for injury of damage to myself/family, my animals or my property, arising out of my participation. This agreement is binding on my executors, heirs and assigns.

I/we expressly waive any right I/we 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 must have materially affected his settlement with the debtor."

I/we AGREE THAT I WILL DEFEND, INDEMNIFY AND HOLD HARMLESS I.V.R.R.C., ITS OFFICERS, DIRECTORS, MEMBERS, AND AGENTS, against claims, demands and causes of action, including court costs and actual attorney fees, arising from any proceeding or lawsuit brought by or prosecuted for my/our benefit, in which this release is upheld.

I ACKNOWLEDGE THAT I HAVE READ THIS RELEASE OF LIABILITY AND KNOW AND UNDERSTAND ITS CONTENTS.

Non-Member Arena Fee = \$10.00 per day
Non-Member Summer Series Arena Fee = \$20.00 per day
Non-Member Roping Arena Fee = \$30.00 per day
Must Be A Guest Of IVRRC Member In Good Standing

Member Name _____

Guest Name(s) _____

Guest Mailing Address _____

Guest E-Mail _____ Phone Number _____

PARENT OR LEGAL GUARDIAN MUST SIGN FOR GUESTS 17 AND UNDER.

Signature _____ Date _____

Print _____