

Mar Val Stables Assumption of Risk and Waiver

For valuable consideration and to induce permission to participate in equestrian activities held at Mar Val Stables, 706 Lucas Rd Lodi, CA 95240, each of the undersigned agrees to the following terms and makes the following warranties:

I knowingly, willingly and voluntarily acknowledge the inherent risks associated with the sport of equestrian and know that horseback riding and related equestrian activities are inherently dangerous, and that participation in any equestrian event involves risks and dangers including, without limitation, the potential for serious bodily injury (including broken bones, head or neck injuries), sickness and disease (including communicable diseases such as COVID-19), trauma, pain & suffering, permanent disability, paralysis and death; loss of or damage to personal property (including my mount & equipment) arising out of the unpredictable behavior of horses; exposure to extreme conditions and circumstances; accidents involving other participants, event staff, volunteers or spectators; contact or collision with other participants and horses, natural or manmade objects; adverse weather conditions; facilities issues and premises conditions; failure of protective equipment(including helmets); inadequate safety measures: participants of varying skill levels; situations beyond the immediate control of Mar Val Stables, Event organizers and competition management; and other undefined, not readily foreseeable and presently unknown risks and dangers.

I accept full responsibility for my own safety and EXPRESSLY ASSUME ALL RISKS OF HARM, whether foreseen or unforeseen while participating in equestrian activities at Mar Val Stables. I am physically fit and know of no medical or health reason why I should not participate in this activity.

I hereby RELEASE and agree to DEFEND, INDEMNIFY AND HOLD HARMLESS MAR VAL STABLES, owners, employees, agents and insurers (referred to as Parties Released) from and against any liability, demand, claim or right of action fro any damage or injury, including paralysis or death, to any person or property, even if such damage or personal injury results from the NEGLIGENCE OF MAR VAL STABLES or other Parties Released. I further COVENANT NOT TO SUE or make any demand or claim against MAR VAL STABLES or other Parties Released, for or by reason of any such damage or personal injury from participation in equestrian activities at MAR VAL STABLES. I will pay all fees, damages and costs including attorney fees that MAR VAL STABLES or other Parties Released may incur in the enforcement of this agreement. A signed liability waiver is a condition to your participation in any event. Failure to sign will lead to your disqualification and removal from property. I have carefully read this document and fully understand its contents, which I adopt as a completely integrated and exclusive statement of the entire terms of agreement

I HEREBY ACKNOWLEDGE I DO NOT HAVE A FEVER, SORE THROAT, TEMPERATURE, SHORTNESS OF BREATH OR COUGH AND HAVE NOT BEEN AROUND ANYONE DIAGNOSED WITH COVID-19 IN THE LAST 10 DAYS . I HAVE REVIEWED AND ACKNOWLEDGE & WILL ADHERE TO ALL AFOREMENTIONED REQUIREMENTS WITH SPECIAL ATTENTION TO THE COVID-19 SOCIAL DISTANCE AND MASK REQUIREMENTS.

SIGNATURE

EMAIL ADDRESS

ADDRESS

CITY

STATE/ZIP

CELL PHONE

LICENSE PLATE #

EMERGENCY CONTACT NAME

CELL PHONE NUMBER

Guardian Representation

As PARENT or GUARDIAN of a minor person under 18 years of age participating in equestrian activities at MAR VAL STABLES, I make these representations and agree to the terms of this Assumption of Risk and Waiver on behalf of each minor, as well as myself , and I agree to assume responsibility for their safety. I futher agree to DEFEND, INDEMNIFY AND HOLD HAMLESS MAR VAL STABLES, and other Parties Released from and against any demand, claim, right of action or suit that may be brought on behalf of any such minor(s) arising from equestrian activities at Mar Val Stables. I will pay all fees, damages, and costs, including attorney fees that Mar Val Stables and Parties Released may incur in the enforcement of this agreement. My child is physically fit and I know of no medical or health reason why they should not participate in this activity. I intend this agreement to bind me and my family, my assigns, estate, heirs and personal representatives. This contract is severable and shall be interpreted and enforced under the laws of the State of California. I have carefully read this document and fully understand its contents, which I adopt as a completely integrated and exclusive statement of the entire terms of agreement

PRINT FULL NAME OF CHILD DATE OF BIRTH

ADDRESS CITY STATE/ZIP

PRINT PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE DATE

EMERGENCY CONTACT PERSON CELL PHONE NO.