



OFF-SITE ACTIVITY RELEASE FORM

Name: _____ Age: _____

Street address: _____

City/State/Zip: _____

Cell/Home Phone: _____ Work Phone: _____

Permission/Liability Release Agreement

PERMISSION/LIABILITY RELEASE I AGREE for myself, and/or my child, my/our administrators and assigns, in consideration for my, and/or my child's, participation in this Helping Our Miniature Equines (HOME) activity to the following:

1. I AGREE that I choose to participate voluntarily in an HOME activity, as a rider, driver, handler, lessee, owner, agent, spectator, volunteer, and/or trainer. I am fully aware and acknowledge that equine sports and HOME activities involve inherent dangerous risks of accident, loss, and serious bodily injury including, but not limited to, broken bones, head injuries, trauma, pain, suffering or death ("Harm"). I fully understand that this release covers, but is not limited to, inherent risks of an equine activity which mean a danger or condition that is an integral part of an equine activity.
2. I AGREE to release the HOME, its successors or assigns, officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations from all claims including, but not limited to, claims for money or property, disability, covenants, actions, suits, causes or action, obligations, debts, costs, expenses, attorneys' fees, judgments, orders and liabilities of whatsoever kind or nature in law, equity or otherwise, whether now known or unknown, suspected or unsuspected, and whether concealed or hidden, including but not limited to any state or federal statutory or common law claim or remedy of any kind whatsoever arising out of or in any way connected with any Harm to me or my horse and for any Harm caused by me or my equine to others, even if the Harm resulted, directly or indirectly, from the negligence of the HOME or the HOME activity.
3. I AGREE to expressly assume all risks of Harm to me or my equine, including Harm resulting from the negligence of the HOME or the HOME activity, and specifically agree to Washington State statute/law regarding equine activity liability.
4. I AGREE to review and understand the full applicable state statutes.
5. I AGREE that I have been fully warned and advised by HOME that I should purchase and wear ASTM/SEI protective headgear while riding, being and working around equines. I do understand that the wearing of such headgear while mounting, riding, dismounting and otherwise being around equines, may prevent or reduce severity of some of the headgear wearer's head injuries and may even prevent the wearer's death from happening as the result of a fall from a equine or

other occurrence. In addition, I AGREE to the following: All riders, regardless of age, are required to wear helmets while mounted during HOME events or to sign the Helmet Waiver.

6. I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the HOME and the HOME activity and to hold them harmless with respect to claims for Harm to me or my equine, and for claims made by others for any Harm caused by me or my equine in the HOME activity.
7. I AGREE that neither I, nor any one claiming through me, will hereafter bring, commence, prosecute or maintain, or cause or permit to be brought, commenced, prosecuted or maintained, any suit or action, either at law or in equity, in any court in the United States or in any state thereof, or elsewhere, against the HOME, its successors or assigns, for, on account of, arising out of, or in any way connected with any Harm to me or my equine, and that neither I, nor any one claiming through me, will enforce, prosecute, or recover upon, or attempt to enforce, prosecute, or recover upon, any claim or right of action whatsoever, which I, or any one claiming through me, may now have or hereafter assert, in any way connected with claims for Harm to me or my equine, and for claims made by others for any Harms caused by me or my equine at the HOME activity.
8. I AGREE to be bound by all applicable HOME rules and all terms and provisions of the HOME activity. I acknowledge that I enter into this release after having read the same, and place my signature hereto of my own free voluntary act and deed. By designating during online registration that I approve and sign this waiver, I represent to the HOME that I fully understand its contents that I do not need any further explanation, and I waive any further explanation.

PHOTOGRAPH RELEASE FORM

I hereby grant permission to HOME to use photographs and/or videos taken of me during HOME activities in publications, news releases, online, and in other forms of communications relating to the mission of HOME.

IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Offsite Activity Release Form, understand it and sign it voluntarily as my own free act and deed; no oral representations, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same.

Releasor's Signature

Date

Releasor's Name (printed)

If under eighteen (18), Releasor's parent or guardian must read and sign the Waiver, indicating his/her acceptance.

Minor Notice

The undersigned declares that the undersigned is the parent or legal guardian of the minor named above as "RELEASOR." The undersigned signature indicates that the undersigned has read this Waiver and is in consideration of HOME allowing such minor entry onto its premises, and/or allowing such minor to participate in HOME Activities described and defined above, and hereby agrees that all of the terms and conditions contained herein shall apply to such minor and shall be binding upon the undersigned and the minor.

Parent/Guardian (If Releasor is under 18 years of age)

Parent/Guardian Signature

Date

Parent/Guardian Name (printed)