

Registration & Waiver of Liability Release Form for Southern Comfort Gaited Horse Club 8th Annual Eagle Island Poker Ride on October 5, 2014

Please read the following and initial in the blank to indicate that you have read and understand these requirements.

_____ I understand, acknowledge and accept that horseback riding and activities related thereto, involve the risk of personal injury. By my signature, (and in case of a minor, the parent's or guardians's signature), they and I, hereby waive all rights, if any, claims, causes of action and lawsuits against Southern Comfort Gaited Horse Club, their families, heirs, executors, legal representatives, administrators, successors, assigns, guests, employees, or agents affiliated with any of them in any manner (collectively, herein "SCGHC"), for any injury, liability or damages which may occur while riding a horse, or for any injury or damages which may occur while participating in any activity related to horseback riding. I agree to indemnify, defend and hold harmless SCGHC or any person or entity whose land a horseback ride crosses, for any accident, injury, or loss that might occur, and free such persons from all liability for such injury or loss. I understand, acknowledge and accept that horseback riding always involves danger and I ride at my own risk.

_____ I understand that horseback riding involves being in remote areas for extended period of times, far from communications, transportation, and medical facilities. These areas have many natural and man-made hazards which horseback riders cannot anticipate, identify, modify or eliminate; that horses can be excitable, difficult to control, and unpredictable; and that accidents can happen to anyone at any time. I further understand that horseback riding involves such things as crossing creeks and being in strange places under adverse weather conditions, which could result in injury to myself and the horse I am riding.

_____ I agree to take full responsibility for myself and the animal I am riding. I am aware that wearing a certified safety helmet is a good preventative measure against head injury, and that SCGHC recommends all riders wear protective head gear. I further understand that helmets are required for any rider under the age of 18. If I choose not to wear a helmet or waive the requirement for my child to wear a helmet, I hold SCGHC harmless of such decision.

_____ I understand that I am not to be under the influence of alcohol or drugs while participating in this event.

_____ I further agree to allow and be financially responsible for any necessary emergency medical treatment by any available physician at any available medical institution in the event of my injury or illness. I likewise agree to allow and be financially responsible for any necessary veterinary treatment for the horse that I ride.

_____ I understand that children are to be supervised at all times. Children are allowed on the ride but are the sole and full responsibility of their parent or guardian.

Equine Activities Immunity Act

All activities sponsored by SCGHC are subject to the Equine Activities Immunity Act, Idaho Code, Chapter 18, Section 6.1801 – 6.1802. By your presence on the grounds of any SCGHC Activity, you accept the limits of liability resulting from equine activities. All persons in the area of the activity will be regarded as participants whether riding a horse or not and limited by the Equine Activities Immunity Act.

Name of Rider: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

In Case of Emergency please notify: _____ Phone: _____

Any Known Allergies or Medical Conditions: _____

By signing below, I further agree to be bounded by all terms and provisions on this registration form.

Rider Signature: _____ Date: _____

*****If above named individual is under 18 years of age, a parent or guardian must sign below.** By signing below, I acknowledge that I am legally responsible or have legal authority for the above named minor child and that I hereby consent to the terms and conditions set forth in this Liability Release Form. I also understand that a helmet is required for any rider under the age of 18 and by signing this form I acknowledge, understand and accept full responsibility to see that the minor wears protective head gear. If the line is initialed below my signature, this is acknowledgement that I waive the requirement for my child to wear protective head gear.

Parent or Guardian Signature: _____ Date: _____

Print Name or Parent or Guardian: _____

_____ *****Initial this line ONLY if you are waiving the requirement for your child to wear protective head gear.*****