 **BACK COUNTRY HORSEMEN OF WASHINGTON**

 **EVENT LIABILITY RELEASE**

 Name of Event: \_\_BCHW Winery Ride and Halloween Costume Contest\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date of Event: \_\_\_October 30, 2021\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Location of Event: \_\_Zillah WA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Property Owner/Managers: \_William Jordon and Back Country Horsemen of WA\_\_\_

 BCHW Representative/Title: \_Barbara Thomas Chair\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Read this document carefully before signing! It affects your legal rights. It must be signed by**

**participants in this Back-Country Horsemen activity.**

**Hazards and Risks**: By signing below, I acknowledge that using horses, mules, equipment and tools may

expose myself and/or my child, if I am signing for a minor child, to hazard. Horses or mules can

misbehave or flee. Riding in open country could result in injury caused by dangerous or unstable riding

surfaces, trail obstructions of various kinds, water crossings, wild animals, poisonous plants, extreme

weather conditions, and other hazards. Other risks include errors of judgement by BCHW

representatives assisting with this activity, or the misuse or failure of equipment and tools provided, if

any. These hazards could result in property damage, serious physical injury, or death.

**Additional Provisions:** I authorize BCHW to provide or obtain for me medical care as is considered

necessary or appropriate and I agree to pay all costs associated with such care and related

transportation. I understand I may have to pay all costs and legal fees incurred by BCHW in defending a

claim or suit brought by me or on my behalf, or on behalf of the minor for whom I sign.

**Acknowledgements, Assumptions of Risk and Compensation:** I understand the nature of the activities I

will be participating in, and their risks. I accept full responsibility for determining my own medical and

physical ability to participate in the activities, and that of my mount. I take full responsibility for any

injury or loss, including death, which I may suffer, arising out of these activities, whether or not

described above, including the loss, injury or death of my animals. **I hereby release BCHW, its members**

**and the land owners from any liability for any such injury or loss to me and/or my minor child, if I am**

**signing for a minor child, whether stated above or not.**

**When Applicable:** I affirm that I have read and understood this release.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Participant # 1 Date

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Participant # 2 Date

Emergency contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone number\_\_ \_\_\_\_\_\_\_\_\_\_

 Names of minor children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If under 18, and not accompanied by a parent or guardian, must have a “Permission to Treat

Statement”.

Rev. September 26, 2020