

ASUMPTION OF RISK AND LIABILITY RELEASE FORM

**ACKNOWLEDGEMENT OF RISK**

I/we intend to participate in an equestrian activity sponsored by or affiliated with the Treasure Valley Whips driving club. I am fully aware that certain inherent and unavoidable risks and dangers are involved in any equestrian activity. I understand that these risks, hazards, and dangers could result in my injury, discomfort, illness, disease, death, or damage to my personal property.

**ACCEPTANCE OF RISK AND RESPONSIBILITY**

Being aware that this activity entails risks, hazards and dangers, I agree to accept and assume all responsibility and risks for any injury, discomfort, illness, disease, death and damage to personal property arising from my participation in this activity. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate fully aware of the risks, hazards, and dangers.

**RELEASE OF LIABILITY**

In consideration of being permitted to participate in this activity, I agree, pursuant to the limitations on liability pertaining to equestrian activities contained in Title 6, Chapter 18, Idaho Code, not to hold the Treasure Valley Whips or its members, officers, volunteers, insurers, or other agents liable for any injury or damage to my person or property. **I HEREBY VOLUNTARILY RELEASE THE TREASURE VALLEY WHIPS, ITS MEMBERS, OFFICERS, VOLUNTEERS, INSURERS OR OTHER AGENTS, and BARBARA A. CERIO FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS, OR RIGHTS OF ACTION WHICH ARE RELATED TO OR ARISE IN ANY MANNER OUT OF MY PARTICIPATION IN THIS ACTIVITY.** This release of liability includes, but is not limited to any negligent act or omissions of the Treasure Valley Whips, its members, officers, volunteers, insurers, or other agents, which may result in my personal injury, discomfort, illness, disease, death, and damage to my property. This release of liability also expressly extends to, and includes the owners/proprietors of any premises or facility at which the equestrian activity is held.

**ACKNOWLEDGEMENT OF EFFECT OF THIS RELEASE AND AGREEMENT**

I understand and acknowledge that by signing this document, I have given up substantial legal rights and/or possible claims which I might otherwise assert or maintain in the future including, but not limited to legal rights and claims for negligent acts or omission of the Treasure Valley Whips, its members, officers, volunteers, insurers or other agents and the owners/proprietors of the premises and facility. I further agree that the laws of the state of Idaho shall govern the terms and effects of this agreement and that proper venue will be the courts of Idaho.

**ENTIRE AGREEMENT**

I understand that this is the entire agreement and that no representations or issues not covered herein are a part of this agreement. The terms of this agreement can only be modified in writing executed by all parties to this agreement.

**I HAVE READ THIS PARTICIPANT'S ASSUMPTION OF RISK AND LIABILITY RELEASE FORM AND UNDERSTAND ALL OF ITS TERMS. I EXECUTE IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GURARENTEE BEING MADE TO ME AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.**

Participant's Printed Name: \_\_\_\_\_

Date \_\_\_\_\_ Participant's signature \_\_\_\_\_

(Parent/Legal Guardian signature required if participant is under 18)