

**RELEASE WAIVER AND INDEMNITY FOR PARTICIPATES OF
PEACHLAND RIDING CLUB FUNCTIONS FOR 2007/2008 SEASON**

PLEASE READ CAREFULLY

I acknowledge the dangers and potential risk or injury to myself, child or others or for any damage to my property or to the property of others.

In consideration of you, The Peachland Riding Club sponsoring an Event, Show Clinic, etc. I release you, the The Peachland Riding Club, its officers, directors, employees, sponsors, volunteers, and/or Riding Club committees from and against all claims, actions, costs, expenses and demands in respect to death, injury, loss, or damage to my person or property, or to the person or property of anyone else whosoever and howsoever causes, arising out of, or in connection with my attendance at or participation in other events notwithstanding that the same may have been contributed to or occasioned by any act or failure to act by you or your agents.

I agree this release shall be binding upon each Peachland Riding Club Member, his or her parents or legal guardians, legal representatives, heirs, successors and assigns, and that this release, waiver and indemnity shall be a continuing one that applies to all Peachland Riding Club Events, Shows, Clinics, Etc. which my child or I may attend or participate in the future.

I HAVE READ THIS RELEASE AND UNDERSTAND IT.

NAME OF PARTICIPANT: _____

STREET ADDRESS: _____

CITY _____ POSTAL CODE: _____

PHONE: _____ CELL: _____ FAX: _____

EMAIL: _____

MEDICAL OR CARE CARD #: _____

EMERGENCY CONTACT: _____ PHONE: _____

BIRTHDATE: _____

SIGNATURE OF PARTICIPATE _____

SIGNATURE OF PARENT /LEGAL GUARDIAN: _____

DATE: _____

**THIS FORM MUST BE COMPLETE AND SIGNED BEFORE ANY
CONTESTANT WILL BE ALLOWED TO COMPETE.**