



## Valley View Vaulters Waiver and Release of Claims / Hold Harmless Agreement / (Parental Consent - Minor Participation)

11295 Orcas Avenue | Lake View Terrace, California 91342

818-590-3319 | valleyviewvaulters@gmail.com | www.valleyviewvaulters.com

In consideration of this participant being allowed to vault and/or ride a horse owned, leased or borrowed or under the instruction of Valley View Vaulters / Rick and Virginia Hawthorne, the undersigned agrees to the following:

I agree that vaulting and horseback riding are sports that carry inherent risks of injury and damage to myself and property. I knowingly assume all risks, whether known or unknown, of vaulting and horseback riding. Knowing these facts, I nevertheless in consideration of your acceptance of this form or myself and my heirs, executors and administration hereby indemnify, waive, release, discharge and hold harmless Valley View Vaulters / Rick and Virginia Hawthorne / Geoffrey Woolson and all individual members thereof, and all other persons and organizations in any way connected with Valley View Vaulters against all claims, demands and causes of action including court costs and actual attorney fees, directly or indirectly arising from any action or proceeding brought by or prosecuted from my benefit in which this release is upheld.

In consideration of my participation in this club and in any events organized or sponsored by the club, I waive, release and discharge Valley View Vaulters / Rick and Virginia Hawthorne / Geoffrey Woolson, their directors, officers, agents, members, their representatives, heirs, executors and all other persons and organizations connected against all claims of liability for injury or damage to myself.

This release is intended to and hereby discharges in advance the persons or entities named above from all liability arising out of or connected to in any way, to my participation or my child's participation in vaulting or horseback riding even though that liability may arise out of negligence or carelessness on the part of the persons or entities named and released above.

Parent or Legal Guardian Must Sign This Section For All Minor Participants:

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Participant Signature (if over 18) \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

Parent/Guardian Signature (if under 18) \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

e-mail \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_