

RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, \_\_\_\_\_, acknowledge that I have voluntarily applied to participate in the following activities at the California Exposition and State Fair and Western States Horse Expo.

**Volunteer, Participant, Exhibitor, Demonstrator, Clinician or Speaker**

I AM AWARE THAT THE ABOVE DESCRIBED ACTIVITIES ARE HAZARDOUS ACTIVITIES, AND I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE.

I VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: \_\_\_\_\_  
PARENT OR GARDIAN'S INITIALS (if under 18): \_\_\_\_\_

**ALL MINORS UNDER THE AGE OF 18 ARE REQUIRED TO WEAR A HELMET WHILE MOUNTED!! NO EXCEPTIONS!!**

As consideration for being permitted by the Fair, the State of California and the Western States Horse Expo to participate in these activities and use their facilities, I hereby agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue or attach the property of the Fair, the State of California, Western States Horse Expo or any of their affiliated organizations for injury or damage resulting from the negligence or other acts, however caused, by any director, employee, agent, or organizations as a result of my participation in the activities described above. I forever release the Fair, the State of California, the Western States Horse Expo and any of their affiliated organizations from any and all action, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have or may hereafter have for injury or damage resulting from my participation in the activities described above.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE FAIR, THE STATE OF CALIFORNIA, THE WESTERN STATES HORSE EXPO AND/OR THEIR AFFILIATED ORGANIZATIONS AND SIGN IT OF MY OWN FREE WILL.

Executed at \_\_\_\_\_, California on \_\_\_\_\_, 2011

PARTICIPANT/RELEASOR

PARENT OR GUARDIAN

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

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

IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR LEGAL GUARDIAN MUST SIGN AND INITIAL THIS FORM WHERE INDICATED.

