

**EAST SLOPE BACK COUNTRY HORSEMEN  
RELEASE AND AGREEMENT NOT TO SUE**

In consideration of being allowed to participate in the East Slope Back Country Horsemen sanctioned events, I and my heirs, successors, personal representatives and next of kin hereby **RELEASE, WAIVE, DISCHARGE** and agree to **HOLD HARMLESS AND INDEMNIFY** the East Slope Back Country Horsemen, their officers, members, committees, sponsors, agents and representatives from all liability to me and my personal representatives, heirs, successors, and next of kin from any and all claims and liability for all loss or damage and any claim of damages therefore on account of any injury to my person including death or damage to my property while I am utilizing East Slope Back Country Horsemen facilities or participating in East Slope Back Country Horsemen events.

In making this request to participate in East Slope Back Country Horsemen events, I represent that I will follow all safety rules and practices of the East Slope Back Country Horsemen.

I hereby represent to the East Slope Back Country Horsemen that I understand that **THERE ARE CERTAIN RISKS OF SERIOUS INJURY AND DEATH** inherent in participating in trail riding and any horse related activities. I realize that conditions of the trails change from time to time and may become more hazardous, that horses and mules are unpredictable and that there is **INHERENT DANGER** in horse related activities which I appreciate and voluntarily assume because I choose to participate in such events. I make this choice even though I have observed or participated in events of this kind in the past and know conditions, facilities, livestock, and other participants pose a danger to me. I recognize and expressly agree to assume the entire risk of any and all accidents or personal injury including serious paralysis or death which I might suffer during my participation in said events.

I further **COVENANT AND AGREE NOT TO SUE THE EAST SLOPE BACK COUNTRY HORSEMEN** for any injury, damages or death which occur as a result of my participation in said events and any claim or damage therefore. I understand that this document may be treated as a complete defense to any legal action I might bring against the East Slope Back Country Horsemen for any injuries or other damages I might suffer.

I understand and agree that this **RELEASE AND AGREEMENT NOT TO SUE** extends to any and all claims I may have, specifically including, but not limited to, claims arising out of participation in said events, claims with respect to the design, manufacture, repair, or maintenance of the facilities, tack or other equipment which I will be using, or with respect to the conditions, qualifications, instructions, rules or procedures under which my use of said facilities or equipment are conducted or from any other cause.

**I UNDERSTAND AND AGREE THIS RELEASE AND AGREEMENT NOT TO SUE** extends to **ACCIDENT, INJURY, OR DEATH OCCURRING DURING THE TERM OF MY PARTICIPATION IN THIS EAST SLOPE BACK COUNTRY HORSEMEN EVENT OR MEMBERSHIP IN THE EAST SLOPE BACK COUNTRY HORSEMEN**. Any subsequent Release and Agreement I might sign in the future shall amplify, but shall in no way limit, the provisions of this document.

I further state and certify that I have carefully read the forgoing Release, know the contents thereof and sign this **RELEASE AND AGREEMENT NOT TO SUE** as a free and voluntary act. I am not relying on any statement or representations of any party released hereby. **I UNDERSTAND THIS IS A RELEASE OF ALL CLAIMS.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signed

(Your signature **MUST** be witnessed)

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(Parent or legal guardian must sign if applicant is a minor under the law of the state of residence.)

I declare that I am a parent or legal guardian of the above named minor. I have carefully read the foregoing **RELEASE AND AGREEMENT NOT TO SUE**. I know the representations made are true. I agree to be bound by the terms of the **RELEASE AND AGREEMENT NOT TO SUE** both personally and as representative of the interests of the minor.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**WITNESS TO ABOVE SIGNATURE:**

I, the undersigned have served as witness that known to me to be this person whose name is subscribed to the within instrument, and acknowledge to me that he/she executed the same.

Signed \_\_\_\_\_ Date \_\_\_\_\_