

OREGON HORSE CENTER LIABILITY WAIVER AND RELEASE

HORSE RIDING AGREEMENT AND LIABILITY RELEASE FORM

FOR INDIVIDUALS RIDING HORSES AT "THIS STABLE", THIS FORM MUST BE COMPLETED BY AND FOR EACH PARTICIPANT OREGON HORSE CENTER AND RONALD MAJOR DEFOE, hereinafter known as "THIS STABLE".

Located at 90751 Prairie Rd., Eugene, OR 97402 • (541) 689-9700

THIS DOCUMENT AFFECTS YOUR RIGHTS IN THE EVENT OF INJURY PLEASE READ CAREFULLY BEFORE SIGNING SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY. THIS STABLE DOES NOT GUARANTEE YOUR SAFETY OR THAT OF YOUR HORSE. IT IS HEREBY AGREED TO AS FOLLOWS:

AGREEMENT OF RIDERS AND AGREEMENT PURPOSE the following listed individual hereinafter known as the "RIDER", and the parents or legal guardians thereof if a minor, do hereby voluntarily request and agree to participate in horse riding on THIS STABLE'S premises, and that RIDER will ride his/her own horse or one borrowed or leased by RIDER'S own arrangement, today and on all future dates:

RIDER NAME (PRINT CLEARLY) _____ AGE (IF UNDER 21) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

RIDER desires to engage in equine activities sponsored by, or in which RIDER will be using an equine, tack, equipment, facilities or premises, furnished by THIS STABLE. RIDER understands there are risks in equine activities: that all horse activities are inherently dangerous, and agrees to comply with Oregon's Equine Inherent Risk Law ORS.30.687-30.697, which limits liability for providers of equine activities and services. As a condition of participation in or viewing equine activities, RIDER (individually and for his/her minor children, executors and heirs) waives the right to bring and releases THIS STABLE and THIS STABLE'S administrators, agents, officers, directors, employees, predecessors and successors-in-interest, and any other persons or entities united in interest with THIS STABLE from any and all manner of actions, suits, claims for relief, demands, damages, and any other obligations, known and unknown, suspected and unsuspected, in law of equity, direct or indirect and whether now or in the future, for any injury or death arising out of or connected in any way with riding, training, grooming, or handling an equine. RIDER agrees that by using THIS STABLE'S facility, including barns and arenas, trails, jumps, tack and horses, he/she is participating in a dangerous sport and that he/she will be responsible for the safety of self and children or others in their party. RIDER understands that THIS STABLE STRONGLY RECOMMENDS safety helmets and boots with heels to be worn by all riders under 18, all riders while jumping, and STRONGLY RECOMMENDS that all riders wear helmets and boots at all times. RIDER understands that equine activities can be dangerous, in spite of all care taken by THIS STABLE. Due to their size and unpredictable nature, horses can react in unexpected ways. Personal property can also easily be misplaced or damaged for many different reasons. RIDER further agrees that any other RIDER'S, or guests or family members which RIDER brings onto this property, shall be required to sign THIS STABLE'S general liability release, and RIDER assumes full responsibility for securing these signatures and providing the signed release to THIS STABLE in a timely fashion. RIDER further agrees to indemnify THIS STABLE and/or the released parties for any and all costs incurred by THIS STABLE and/or the released parties in defense of any claim brought against THIS STABLE and/or third-party guests of RIDER, whether such claim arises on or off premises, including reasonable attorneys' fees and costs, if applicable. This release contains the entire agreement between the two parties hereto and the terms of this release are contractual, not a mere recital.

THIS DOCUMENT AFFECTS YOUR RIGHTS IN THE EVENT OF INJURY. I have read and understand and agree to this release.

RELEASOR (SIGN HERE) _____ DATE _____

If rider is a minor, print name of Parent/Guardian: _____

EMERGENCY CONTACT _____ EMERGENCY PHONE # _____

PHOTOGRAPHY RELEASE

By participating in Oregon Horse Center events, you consent to having your image captured by official photographers, videographers and security cameras. The resulting materials, including still photographs, video and audio recordings may be used by Oregon Horse Center or local promotional entities without restriction or financial compensation, in news materials, promotional materials, on the web and other properties. If you do not agree to having your image captured or recorded please do not enter the event venue.

Event photographs may be purchased from the Oregon Horse Center by contacting Chris Sloan (chris@oregonhorsecenter.com)

PAYING CASH ON ARRIVAL CHECK OK TO CLOSE OUT WITH LISTED CARD WILL COME IN TO CLOSE OUT

Credit Card Information - Please fill out all fields	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):	
Card Number:	CVV CODE (ON THE BACK):
Expiration Date (mm/yy):	
Cardholder ZIP Code (from credit card billing address):	

Still want to pay with cash or check? No problem! You are welcome to mail checks or pay with cash when you arrive, we won't charge you until you check in at the show. If you are emailing your entries please include your complete credit card information above, and let us know your preferred payment method when you check in.

We care about the health of all our competitors horses!

Please complete this section to ensure your horse has the safest environment possible to show in.

HORSE HEALTH DECLARATION - Please read this in entirety and fill out.

FULL NAME (OWNER /PERSON IN CHARGE OF EQUINE) _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE _____ CELL _____
EMAIL _____ OTHER _____
HORSE NAME: _____ COLOR _____ BREED _____
STALLION GELDING MARE HEIGHT _____ AGE _____

Declaration by owner or person in charge of horse(s) I declare that the horse(s) named above has/have been in good health, eating normally and not showing signs of illness. I declare that I will/would not bring any horse(s) that exhibit any abnormal signs or symptoms related to illness within 5 days leading up to attendance to this event. I give my authorization for the designated steward or manager to call for veterinary inspection of the horse(s) named on the entry form(s) associated with my care and/or ownership should they be showing signs of illness at any time during the course of the event. I agree to pay any veterinary fees incurred as a result of this.

I AGREE TO ENSURE THAT:

1. All vehicles and equipment accompanying the horses will be in a clean condition at the start of travel to the event.
2. The information contained in this Horse Health Declaration is true and correct to the best of my knowledge.
3. I agree to abide by all conditions and directions of the Organizing Committee of the Oregon Horse Center.
4. I acknowledge that failure to comply with the above may result in refusal of entry to venue; disqualification or other disciplinary action in relation to future participation in events at this location.
5. In the event of horse movement restrictions, each participant will be responsible for the care, maintenance and cost of their horse(s) including stall cleaning, feeding and watering.

SIGNATURE: _____ PRINT: _____
DATE: _____ / _____ / _____