

\*\*\*\*\* Please Sign Waiver Form and Return with Registration Form and Check\*\*\*\*\*

### Waiver, Release and Indemnity Agreement

The undersigned individual for himself or herself, his or her spouse and/or his or her children or ward (hereinafter collectively and individually referred to as the "Undersigned") to participate in Hope Rides sponsored activities, events or programs at the Oasis Equestrian Center complex located in Lindstrom, Minnesota, Equine Haven Stacy MN, Hollywood Stables Mayer MN in or through which the event takes place or is conducted, and any other person, entity or sponsor connected with the event, and their perspective officers, directors, agents and employees and their heirs executors, representatives, administrator, successors, and assigns (hereinafter collectively referred to as the "Released Parties").

The undersigned does hereby voluntarily and forever release and discharge the released Parties and their respective officers, directors, agents and employees from any and all claims, actions, and / or liability of any type or kind (including, but not limited to, damages for personal injury) that the goods, services instruction in anyway or anything else connected with the event, by or as a result of any action or inaction of the released parties and/ or their perspective officers, directors, agents, and employees or other acts or omissions of any type or kind relating to the event, regardless of wherever the event is held.

The undersigned fully understands, acknowledges and agrees that by participating in the event, there is a probability of accidental or other physical injury. Nonetheless, the Undersigned further agrees to assume the risk of personal injury, and any and all other risk or any loss of injury of any type or kind whatsoever, including the loss of use and any other indirect or consequential damages with the undersigned may suffer, resulting directly or indirectly, wholly or in part, from the event, and further agrees to indemnify and hold harmless the Released Parties, the respective officers, directors, agents and employees from any and all loss, cost or expense suffered, and claims, demands, actions, damages and judgments of any nature asserted against the Released Parties as a result of the Undersigned's participation in the Event.

The undersigned understands that photography and taping of Hope Rides events may take place and that I give Hope Rides permission to use any pictures, film footage, or testimonials for the marketing purposes of Hope Rides.

In the event any provisions of this Waiver, Release and Indemnity Agreement is found invalid or unenforceable by a court or competent jurisdiction, the remaining provisions shall not be affected thereby and shall be enforced to the extend permitted by law.

**\*Important: Only One** Parent and/ or legal Guardian may sign this form on behalf of entrants age 17 and under.

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Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

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Parent/Guardian Signature (if necessary) \_\_\_\_\_ Date \_\_\_\_\_