

Wonder Valley Ranch Resort & Conference Center
Wonder Valley Family Camp / Wonder Valley Stables / Western Camps, Inc.
HORSE WAIVER/AGREEMENT OF RELEASE WAIVER OF LIABILITY AND INDEMNITY

I, _____
(Print name of rider)
of _____
(Address, with City, State and Zip Code)

Agree that I voluntarily applied for the rental of a horse with riding equipment from Western Camps, Inc. and Wonder Valley Family Camp and/or Wonder Valley Stables for recreational/sports riding.

(Initial each item)

1. _____ I AM AWARE THAT HORSEBACK RIDING IS A HAZARDOUS ACTIVITY, and I am VOLUNTARILY PARTICIPATING in this activity with the knowledge of the danger involved which include, but are not limited to, the unanticipated behavior of the horse such as the horse becoming frightened and suddenly galloping, the horse becoming spooked or frightened resulting in the horse galloping, the horse tripping, the horse may bite or change pace unexpectedly, the equipment loosening, the trail conditions may vary unexpectedly, and any other unforeseeable events which may result in injury to me.
2. _____ In consideration of my being permitted to rent a horse with riding equipment to participate in the activity of horseback riding, I AGREE THAT I, MY HEIRS, DISTRIBUTEES, GUARDIANS AND LEGAL REPRESENTATIVES WILL NOT SUE, MAKE A CLAIM, ATTACH THE PROPERTY OF, OR PROSECUTE Western Camps, Inc./Wonder Valley Family Camp/Wonder Valley Stables for any bodily injury, disability, or death resulting from said activity.
3. _____ I HEREBY AGREE TO RELEASE AND DISCHARGE Western Camps, Inc./Wonder Valley Family Camp/Wonder Valley Stables from ALL ACTIONS, CLAIMS OR DEMANDS as a result of my rental of a horse with riding equipment, and participation in the activity of horseback riding that I, my heirs, distributees, guardians, and legal representatives now have or may hereafter have.
4. _____ I AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS Western Camps, Inc./Wonder Valley Family Camp/Wonder Valley Stables while renting a horse with riding equipment participating in the activity of horseback riding.
5. _____ I AGREE THAT THIS RELEASE, WAIVER AND INDEMNITY AGREEMENT IS INTENDED TO BE BROAD AND INCLUSIVE and that if any portion is held invalid by the laws of the State of California, it is agreed that the balance of the agreement shall continue in force.
6. _____ I AGREE TO ACCEPT FULL RESPONSIBILITY AND RISK FOR ANY INJURY, DISABILITY OR DEATH from the rental of a horse with riding equipment and participating in the activity of horseback riding.
7. _____ I HEREBY ACKNOWLEDGE that for my safety I must abide by the age and weight requirements and I am over the age requirement of 7 years old and under the weight limit of 230 lbs. Closed toe shoes and long pants are also required.

I HAVE CAREFULLY READ THIS AGREEMENT OF RELEASE/WAIVER OF LIABILITY AND INDEMNITY, AND FULLY UNDERSTAND ITS CONTENTS. IN SIGNING THE RELEASE/WAIVER OF LIABILITY, I VOLUNTARILY ASSUME ALL RISKS KNOWN AND UNKNOWN, INJURIES, HOWEVER CAUSED, EVEN IF CAUSED IN WHOLE OR IN PART BY THE ACTION, INACTION, OR NEGLIGENCE OF THE RELEASED PARTIES TO THE FULLEST EXTENT ALLOWED BY LAW. I AM SIGNING THIS AGREEMENT OF RELEASE/WAIVER OF LIABILITY AND INDEMNITY AGREEMENT OF MY OWN FREE WILL.

(Signature of Rider) _____ Date ____/____/____

(Signature of Parent or Guardian) _____ Date ____/____/____

IF THIS RELEASE IS NOT SIGNED IN FRONT OF AN AGENT OR EMPLOYEE OF WONDER VALLEY FAMILY CAMP, THE SIGNATURE OF A WITNESS IS REQUIRED. THE WITNESS MUST BE 18 YEARS OF AGE OR OLDER.

I HEREBY ACKNOWLEDGE THAT I HAVE WITNESSED THE SIGNATURE OF THE ABOVE SIGNED RIDER AND PARENT OR LEGAL GUARDIAN. I ALSO ACKNOWLEDGE THAT I AM AT LEAST 18 YEARS OF AGE.

(Signature of Witness) _____ Date ____/____/____