ASSUMPTION OF RISK AND HOLD HARMLESS AGREEMENT

In consideration for receiving permission for ___________________ to participate in the Kendall County 4-H Horse Club activities, I or I/we, the parent/parents or legal guardian/guardians of ____________, if participant is under the age of 18 (hereinafter referred to as “RELEASORS hereby RELEASE, WAIVE, DISCHARGE AND CONVANENT TO SUE Kendall County 4-H Horse Club, their officers, servants, agents, volunteers or employees, as well as Texas Agrilife Extension and its officers, servants, agents, volunteers or employees (hereinafter referred to as “RELEASEES”) from any and all liability claims, demands, actions, causes of actions, whatsoever arising out of, or related to any loss, damage, or injury including death, that may be sustained by the participant, or to any property belonging to the WHETER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise while participating in such activity, or while in, on or upon the premises where the activity is being conducted.

Releasors are fully aware that there are inherent risks involved in the equine activity. Such risks may include, but are not limited to:

• The tendency of an animal to behave in ways that may result in injury, harm or even death to persons on or around them.
• The unpredictability of an animal’s reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals.
• Certain hazards such as surface and subsurface conditions.
• Collisions and contact with other animals or objects.

Releasors hereby elect to voluntarily participate in Kendall County 4-H Horse Club activities, and to enter the above named premises and engage in these activities knowing that they may be hazardous to the participant and its property. Releasors VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by the participant, or any loss or damaged property owned by them, as a result of being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE.

Releasors further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage or costs, including court costs and attorney fees that may occur due to participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES OR OTHERWISE.

Releasors acknowledge that Kendall County 4-H Horse Club or other sponsors of this event do not provide any sort of insurance coverage for accidental injury or illness for said participant, and I/we agree that I/we will be responsible for any medical expenses that might be incurred.

Releasors have read the attached “Safety Considerations,” understand them, and agree to comply with them fully.

IN SIGNING THIS RELEASE, RELEASORS ACKNOWLEDGE AND REPRESENT THAT they have read the foregoing Assumption of Risk and Hold Harmless Agreement, understand it and sign it voluntarily as their own free act and deed; no oral representations, statements, or inducements apart from the foregoing agreement have been made. Releasors execute this document for full, adequate and complete consideration fully intending to be bound by the same.

IN WITNESS WHEREOF, I/we have hereunto set my/our hand on this______ day of ________.

If participant is 18 years old or younger:
Parent/Guardian _____________________________________________

AUTHORIZATION FOR MEDICAL CARE

This authorization is for the above-named contestant, (a minor) during his/her participation relative to the Kendall County 4-H Horse Club, Inc. competition during 2014 -2015 equine activities. In case of sudden illness or accident to the above named person requiring immediate treatment or surgery, while attending as a participant, I/we authorize concerned 4-H leader(s) (either professional or volunteer), to take such action as deemed appropriate to seek treatment for the well-being of the participant. This authority extends to any first-aid trained individual, paramedic, physician or surgeon to perform whatever medical or surgical procedure is necessary to preserve the life or well being of the above named participant.

I further grant authorization for emergency treatment of the above named participant’s horse in case of an accident. I/we authorize concerned KENDALL COUNTY 4-H HORSE CLUB leader(s) (either professional or volunteer), to take such action as deemed appropriate to seek treatment for the well being of the participant’s horse. This authority extends to any first-aid trained individual, veterinarian technician or veterinarian to perform whatever medical or surgical procedure is necessary to preserve the life or well being of the above named participant’s horse while engaged in activities related to this competition.

Initials: __________ Parent