

WAIVER & RELEASE OF LIABILITY

1.) In consideration of Son Rise Ranch permitting my (our) request to participate and entry to the premises at 24003 NE 44th St Vancouver, WA I (we) hereby irrevocably acknowledge and agree to indemnify, waive, release, discharge & hold harmless the above named and their agents and/or any participants, volunteers, from any and all liability, rights, claims, demands, actions, costs, expenses (including attorney fees) whatsoever in any manner arising out of any activity on or connected with Son Rise Ranch related to any loss, damage, harm and injury (including death) sustained by me or my property while participating in any event or upon the property of or used by Pamila Cronkhite (including property owners of any properties used by the above named).

I (we) am duly aware and have full knowledge there are severe risks and hazards inherent in participating and/or observing horse related activities and entering these premises and hereby elect voluntarily to participate and enter property knowing present conditions and with a full understanding said conditions may become more dangerous and hazardous during the time I (we) am present. I (we) voluntarily assume all risk of loss, damage and injury to self and property. I (we) am voluntarily participating in equine activities, as defined by Washington State Laws (assumption of risk), and agree to be governed by the applicable laws of the State of Washington.

1.) I (we), having read this release and understanding all of its terms, hereby execute it voluntarily and with knowledge of its significance.

Signature of Participant (student / child)

Signature(s) of Parent(s) or Guardian(s)

2.) I authorize the submission & reproduction of any photos taken during Son Rise events for display, internet use, articles and/or promotion material.

Signature(s) of Parent(s) or Guardian(s)

3.) I _____ hereby authorize any necessary medical treatment at the discretion of Son Rise Ranch and/or their agents for _____.

Signature(s) of Parent(s) or Guardian(s)

_____/_____/_____
Date signed

4.) Contact Info if you are leaving your child: _____