

SOOKE SADDLE CLUB WAIVER of RIGHTS * *MUST BE SIGNED YEARLY* *

In consideration of being admitted in this SOOKE SADDLE CLUB Event, the rider (or parent/guardian) whose signature appears below agrees to the following:

1. **TO ASSUME AND ACCEPT ALL RISKS** of participating in this SOOKE SADDLE CLUB show.
2. I the undersigned, release the SOOKE SADDLE CLUB, its Directors and Volunteers, and the Owners of the Properties where this equestrian event is being held from any claim arising out of the use my own horse or an incident related to any other horse(s) or people or activities at this event.
3. I agree to abide by the rules of the SOOKE SADDLE CLUB, to use care and good sense in my conduct on the event grounds and to do my best to reduce cause for concern.
4. I also acknowledge and accept that the SHOW JUDGE and/or SHOW MANAGER reserve the right to remove all individuals or horses posing a threat to the safety of horses, riders or spectators.
5. **I HAVE READ THIS WAIVER AND UNDERSTAND THAT BY SIGNING IT, I GIVE UP THE RIGHT TO SUE THE SOOKE SADDLE CLUB, THE SHOW MANAGER, ANY ASSISTANTS OR ANY OFFICERS, DIRECTORS OR EMPLOYEES OF THE SOOKE SADDLE CLUB AS WELL AS THE OWNERS OF THE PROPERTY WHERE THE EVENT IS BEING HELD.**

Please print legibly.

Name of rider: _____ Jr. or Sr. (Jr. - 18 or under as of Jan. 1st of current year)

Address of rider: _____

Phone #: _____ Email address: _____

Name of owner of horse (if not owned by the rider): **HCBC #** _____

Signature of Rider (or parent/guardian): _____
(Signature of parent or guardian is required if rider is 18 or under as of Jan. 1st of current year) – Coaches cannot sign for Junior riders.)

Witness: _____ (Signature)

Signed and witnessed this _____ day of _____ 20__.