



So Cal Eventing / Tauni Beckmann
 P.O. Box 736
 Lake Elsinore, CA 92531



**PLEASE READ THIS CAREFULLY BEFORE SIGNING.
 INSTRUCTOR & ORGANIZERS DO NOT GUARANTY YOUR SAFETY**

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND IMDEMNITY AGREEMENT

The undersigned hereby agrees, understands and acknowledges the following:

I understand and take all responsibility to ride at my own facility as well as other facilities (for horseshows, schoolings, or clinics) or participate in group activities and agree to hold harmless Tauni Beckmann, So Cal Eventing, organizers & any Facility Owners or Staff, the undersigned for himself or herself (or his or her child or ward if the rider's is under 18) agrees on behalf of his or her (or the child or ward's) heirs, personal representatives, spouse, next of kin, successors and assigns, all of who shall be legally bound by this Release and Waiver of Liability ("Agreement"), as follows:

I am fully aware and acknowledge that horses are often dangerous and unpredictable animals, and that horseback riding, and particularly jumping, is a dangerous activity and involves inherent risks of accident, loss, serious bodily injury including broken bones, head, neck, spinal and internal injuries, trauma, pain, suffering, or death due to being kicked, stepped on, thrown from or falling from a horse; colliding with other rider's horses, buildings, fences or objects; numerous other causes, including, without limitation, other persons' negligent actions, inactions and/or misconduct; and lack of readily available medical care and treatment. I understand that no amount of care, caution, instruction or expertise can eliminate these risks. I wish to participate in these activities knowing that they are dangerous and agree to accept and assume all risks of personal injury, death and/or property damage that may occur.

I understand and acknowledge that I have been advised by Tauni Beckmann and So Cal Eventing that I must wear an American Society for Testing Materials (ASTM) and Safety Equipment Institute (SEI) certification approved/certified horse riding helmet while riding, mounting, dismounting and working or being around horses, and that the wearing of a helmet may reduce the severity of head injuries as a result of a fall from a horse or other occurrences. I also understand and acknowledge that it is in my best interest to wear an approved/certified protective vest designed to reduce trauma to the upper torso from impacts and falls. I take full responsibility for the condition of my own tack I choose to use and I accept all responsibility for any broken/torn/tack I choose to use. I acknowledge and understand that I have the opportunity to conduct a reasonable visible inspection of the Premises, including the riding course, its layout and obstacles.

To the fullest extent allowed by law, I voluntarily release, discharge, waive and relinquish Tauni Beckmann and So Cal Eventing, members, officers, agents, employees, sponsors, volunteers and insurers ("Releasees") from any and all rights, claims, demands, losses, causes of action and damages I now or in the future may have of any kind whether now existent or which become existent in the future, whether the same be now known/unknown, anticipated/unanticipated, resulting from personal injuries, death or property damage arising from or in any way related to my participation in the activities described in this Agreement. I expressly waive all rights.

IT IS MY INTENTION BY THIS AGREEMENT TO EXPRESSLY ASSUME THE RISK OF AND TO EXEMPT AND RELIEVE THE RELEASEES FROM ANY AND ALL LIABILITY FOR MY PERSONAL INJURY, PROPERTY DAMAGE OR DEATH FROM WHATEVER CAUSE OCCURING WHILE ENGAGING IN THE ACTIVITIES DESCRIBED IN THIS AGREEMENT OR RELATED THERETO.

To the fullest extent allowed by law, on behalf of myself and my heirs, personal representatives, spouse, next of kin, successors and assigns, AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS the Releasees from any suits, claims, demands, damages, judgments, losses, liability, causes of action at law or in equity, costs or expenses of any nature whatsoever, including attorney fees and expert consultant fees, by whomever and whenever made, arising from or in any way related to my participation in the activities described in this Agreement regardless of fault and whether caused by the active, passive, sole or contributory negligence of the Releasees. I agree that under no circumstances will I or my heirs, personal representatives, spouse, next of kin, successors or assigns, sue or present any claim for personal injury, property damage or wrongful death against Releasees whether based on negligent acts or omissions, dangerous conditions or any other legal or equitable theories. This Agreement may be pled by the Releasees as a complete bar and defense against any claim, demand, action or causes of action asserted by me or on my behalf. I will be responsible for and bear my own costs and attorney's fees. I understand that I am waiving my right to a jury trial.

I have carefully read this Agreement and understand the contents. No oral representations, statements or inducements have been made to me, other than those contained in this Agreement. I understand that this is a waiver and release of liability and a legal binding contract between Tauni Beckmann/So Cal Eventing and myself and supersedes any other agreement or representation by or between the parties and is intended to provide my comprehensive release of liability and agreement to indemnify and not to sue. I agree that all provisions of this Agreement will be binding regardless of whether I have initialed the provisions.

READ IT CAREFULLY BEFORE SIGNING.

THIS DOCUMENT IS A WAIVER AND RELEASE OF ALL CLAIMS.

I, THE UNDERSIGNED, VOLUNTARILY, WILLINGLY, AND KNOWINGLY ASSUME ALL RISKS AND LIABILITIES.

Print Rider's Full Name: _____

Signature of Rider: _____ Date _____

PARENT OR LEGAL GUARDIAN MUST ALSO SIGN IF RIDER IS UNDER AGE 18

By signing this Agreement as parent or legal guardian, I am agreeing to its terms on behalf of myself and my minor child or ward, and I am consenting to the minor child's participation in the activities described above and any other activities related thereto, and acknowledge that I understand that any and all risks and liabilities, whether known or unknown, are expressly assumed by me and all claims, whether known or unknown, are expressly waived in advance.

Print parent/Legal Guardian's Full Name: _____ Date _____

Signature of Parent/Legal Guardian: _____ Date _____



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MEDICAL AUTHORIZATION - ADULT

If medical care is required, the undersigned authorizes appropriate care as deemed necessary by emergency medical personnel, a physician, or the medical facility providing treatment and agrees to hold harmless, So Cal Eventing, Tauni Beckmann, organizers, property owners and their staff, and agrees to pay personally, or thru insurance, the incurred expenses.

Rider's Name: _____
Rider's Birth Date: _____ Age: _____
Address: _____
Home Phone: _____ Cell: _____ Work: _____
Email: _____

In case of Emergency, to be notified if needed

Spouse: _____ Cell: _____ Work: _____
Contact: _____ Relation: _____ Phone: _____
Contact: _____ Relation: _____ Phone: _____

I am allergic to: _____
I take the following medications:
_____ for: _____
_____ for: _____
_____ for: _____

Date of last tetanus immunization is: _____

I am covered by the following medical insurance: _____

Policy Number/Medical Record Number: _____

Provide Xerox copy of card front and back. (Required if you ever come by yourself to ride with Instructor)

Special Instructions: (fears, concerns, medical information, etc.): _____

It is understood that So Cal Eventing or Tauni Beckmann cannot carry enough insurance, nor has the assets to provide medical care for yourself, your child (children) or your guests should an accident occur. It is required that you provide current medical insurance coverage for yourself, your child/children & your guests and be responsible for their care and expenses should medical attention be required. I also understand it is my responsibility to provide So Cal Eventing with my current medical insurance information (also whenever there is a change).

I give permission for Medical Treatment if needed.

Signature: _____ Date _____

I also agree to give SCE permission to use any photographs and/or videos of my involvement in the Activities.
I acknowledge & agree to the Notification, Payment & Terms on the SCE Star Rider Lesson Packages Price List

Signature: _____ Date _____