ORANGE PARK ACRES WOMEN'S LEAGUE

RELEASE OF LIABILITY

Due to my participation in the activity of Hot Trotters - Caroling on Horseback organized by Orange Park Acres Women's League, of Orange, CA 92869, and/or use of the property, facilities and services of Orange Park Acres Women's League, I and (if applicable) my family members agree to the following:

A) AGREEMENT TO FOLLOW INSTRUCTIONS

For the proper development of the activity, I agree to heed and pay attention to all posted rules, and further agree to follow any oral directions and warnings given by Orange Park Acres Women's League, or the staff of Orange Park Acres Women's League.

B) ASSUMPTION OF THE RISKS AND RELEASE

My choice to participate in the activity is knowing, voluntary, and made for my enjoyment. I recognize that there are certain inherent risks associated with its development and I accept full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge Orange Park Acres Women's League for physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability, death or economic loss occurring out of my or my family's use of or presence upon the facilities of Orange Park Acres Women's League, whether caused by me or my family, Orange Park Acres Women's League or other third parties that occurs during the course of the activity.

C) INDEMNIFICATION

I agree to indemnify and defend Orange Park Acres Women's League against all claims, legal actions, damages, expenses, including attorney fees and other litigation costs that in any way may derive from the use or presence of myself or my family in the facilities of Orange Park Acres Women's League.

D) EXPENSES

I agree to pay for all damages caused to the facilities of Orange Park Acres Women's League as a result of my or my family's negligent, reckless, or willful actions.

E) NO DURESS

I have been given a reasonable opportunity to review this Agreement before signing. I agree and acknowledge that I am not under any pressure or duress to sign it. I further agree that I am free to have my legal counsel review this Agreement if I choose to. I also agree and acknowledge that Orange Park Acres Women's League has offered to refund any expenses I have paid to use its facilities if I finally decide not to sign this Agreement.

F) APPLICABLE LAW

If any legal or equitable claim arises from my participation in the above mentioned activity, it will be resolved under California law.

G) ENFORCEABILITY

This Release of Liability shall be binding upon and enforceable against me, my representatives, spouse, assigns, heirs, and next of kin without limitation. It is my desire and intent that the words, terms, provisions, covenants, and remedies contained in this Agreement shall be enforceable to the fullest extent permitted by Applicable Law. If any portion of this Agreement and is held invalid, the remainder shall not be affected and shall continue in full legal force and effect.

H) EMERGENCY CONTACT

In case of an emergency, contact the following: (Name, phone, relationship)

I HAVE BEEN GIVEN REASONABLE OPPORTUNITY TO REVIEW AND UNDERSTAND THIS DOCUMENT AND I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

By: _____ Date:

Participant Waiver and Release

For Minors

_____has my permission to participate in
Name of Minor

OPAWL - Caroling On Horsback on 12/10/2022
Event or Activity Date

at Streets of OPA from 12:00pm to 3:00pm
Location Beginning Time Ending Time

I understand and acknowledge that (provide description of activity: hiking, swimming, horseback riding) poses risks to my _____, including the risk of serious injury or death.
Son, Daughter

I (we), as parent(s) or guardians(s) of the minor, do hereby, for my _____,
Son, Daughter
Myself, my heirs, executors and administrators, remise, release and forever discharge Orange Park Acres Women's League and it's officers, directors, employees, agents and volunteers of the organization, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the minor's participation in the above noted event. I hereby certify that the minor is my _____
Son, Daughter
and that his/her day of birth is _____, and I do hereby certify that to the best of my knowledge and
Date
belief said minor is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. I hereby advise that the above named minor has had all the following allergies, medicine reactions or unusual physical conditions which should be made known to a treating physician. (If none, please write the word "none").

_____

1._____
Signature Print Name Address City Phone #

2._____
Signature Print Name Address City Phone #

Alternate Adult:

_____
Signature Print Name Address City Phone #