

LIABILITY RELEASE
BACK COUNTRY HORSEMEN OF WASHINGTON

Date of Event: _____ Name/Location of Event _____

Name of Property Owner/Manager: _____

IMPORTANT! READ THIS DOCUMENT CAREFULLY BEFORE SIGNING! IT AFFECTS YOUR LEGAL RIGHTS. IT MUST BE SIGNED BY ANYONE PARTICIPATING IN BACK COUNTRY HORSEMEN ACTIVITIES.

Hazards and Risks. By signing below, I acknowledge that using horses, mules and tack may expose me, or my children if I am signing for a minor child, to many hazards. Horses or mules can misbehave, or flee. Riding in open country could result in injury caused by dangerous or unstable riding surfaces, trail obstructions of various kinds, water crossings, wild animals, poisonous plants, extreme weather conditions, and other hazards. Other risks include errors of judgment by BCHW representatives assisting with the activity, or the misuse or failure of equipment provided, if any. **These hazards could result in property damage, serious physical injury, or death.**

Additional Provisions. I authorize BCHW to provide, or obtain for me, such medical care as it considers necessary and appropriate, and I agree to pay all costs associated with such care and related transportation. I agree to pay all costs and attorney's fees incurred by BCHW in defending a claim or suit brought by me or on my behalf, or by or on behalf of the minors for whom I sign.

Acknowledgement, Assumption of Risk and Indemnity. I understand the nature of the activities I will be participating in, and their risks. I accept full responsibility for determining my own medical and physical ability to participate in the activities, and that of my mount. I assume all risks of the activities, whether or not described above. I take full responsibility for any injury or loss, including death, which I may suffer, arising out of such activities, including the loss, injury or death of my animals. **I HEREBY RELEASE BCHW AND THE OWNER OF THE LAND FROM ANY LIABILITY FOR ANY SUCH INJURY OR LOSS NOT DIRECTLY CAUSED BY THE ABOVE MENTIONED.** I will **defend and indemnify** BCHW from any claim of liability by a co-participant in any BCHW activity of a rescuer, a member of my family, or anyone else.

I affirm that I attended the **BCHW Tailgate Safety Briefing** and that the appropriate Job Hazard Analysis and safety issues were discussed and understood.

Participant signature	Printed name	Date
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Participant signature	Printed name	Date
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******Emergency contact name******

******Telephone number******

_____ **Check here if there are any medicines, allergies, medical conditions or physical limitations that may require assistance.** _____ **Check here if your horse has any issues, such as kicking.**

Names of minor children: _____

If under 18, and not accompanied by a parent or guardian, must have a "Permission to Treat" statement

BCHW Representative: _____ Title: _____