

REMI VISTA, INC. – HORIZON WILDERNESS CAMP

RELEASE OF LIABILITY

Participant's Name: _____ Date of Event: _____

Please Read Carefully-This is a Release of Liability

Although precautions are taken to provide proper organization, instruction, and equipment for your child's participation in our programs, there can be no guarantee of absolute safety against injury and unforeseeable accidents. There are elements of risk in any adventure, sport, or program involving physical exertion and risk-taking, or associated with the outdoors (referred to herein as "activity"), and the use of any equipment or animals for the activity. I, on behalf of myself, my child, and any other parent of the child, understand that my child may be involved in activities including, but not limited to, hiking, back-packing, swimming, and other such activities that take place outdoors, and/or other physical activities. Some of these activities are rugged adventure recreational activities. I acknowledge that my child may decline to participate in any activity. Any participation will be voluntary.

ACKNOWLEDGMENT OF RISKS: I recognize that there is inherent danger in any activity which involves physical exertion or risk-taking; that natural hazards do exist; that although the program may not be strenuous, injuries or medical complications may occur; that certain foreseeable and unforeseeable events unique to each individual activity can contribute to the unpredictability of the activity; that balance and physical coordination may affect the occurrence of accidents or falls; and that I should ask about other potential hazards and recommended precautions and procedures.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the inherent risks of the activity that my child will be engaged in, I confirm that my child is physically and mentally capable of participation in the activity and/or using equipment. I understand that my child will be participating willingly and voluntarily and I assume full responsibility for personal injuries, accidents or illnesses, including death. I also assume responsibility for damage to or loss of personal property as the result of any accident that may occur.

On behalf of myself, my child, and any other parent of the child, I assume the risk(s) of personal injuries, accidents, and/or illnesses, including, but not limited to, sprains, torn muscles and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, abrasions, and/or contusions; dehydration, oxygen shortage (anoxia), exposure and/or altitude sickness; head, neck, and/or spinal injuries; shock, paralysis, and/or death.

TERMINATION OF ACTIVITY: I recognize that you, as provider of services, may find it necessary to terminate any activity due to forces of nature, medical necessities, or other problems; and/or to terminate the participation of any person you judge to be incapable of meeting the rigors or requirements of participating in the activity. I accept your right to take such actions for the safety of my child and/or other participants. I acknowledge that no guarantees have been made with respect to achieving objectives.

AUTHORIZATION: I hereby authorize any medical treatment deemed necessary in the event of any injury to my child while participating in the activity. I will have appropriate insurance or, in its absence, I agree to pay all costs of rescue and/or medical services as may be incurred on behalf of my child.

RELEASE: In consideration of services or property provided, I, for myself, for my child, and for any other parent of the child, do hereby release Remi Vista, Inc., its Board of Directors, directors, officers, agents, employees and volunteers, and each and every land owner, municipal and/or governmental agency upon whose property an activity is conducted, from all liability with respect to my child. I waive any claim for damage arising from any cause whatsoever, except for any claims which are the result of gross negligence of the party or parties released herein. I authorize Remi Vista, Inc. to take and use any photographs, slides and videos of my child for promotional purposes, brochures, flyers, website and the internet.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Printed): _____

SHASTA WILDERNESS HORSE ADVENTURES

HORSE RIDING INDEMNITY AND LIABILITY RELEASE FORM

HORSEBACK RIDING CAN BE DANGEROUS

SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY

By this agreement made and entered on (date) _____

By and between (your name) _____

Who resides at (your address) _____

hereinafter referred to as "I" and Shasta Wilderness Horse Adventures, hereinafter referred to as "Shasta Wilderness Horse Adventures" of 13625 Old Hwy. 99, Grenada, CA 96038.

It is hereby agreed to as follows:

- HAZARDOUS ACTIVITY:** I understand that horseback riding is a hazardous activity and that horses are unpredictable by nature; that when frightened or angry or under stress, a horse's natural instincts are to jump forward or sideways, to run away from danger at a trot, canter, or gallop, to kick, to buck, to rear up in front, or to bite; that horses are extremely powerful; and that if a rider falls to the ground, the fall distance will generally be more than 5 feet. I understand these risks and voluntarily assume these risks and dangers for myself or on behalf of my child or legal ward. _____ (Initial here)
- RIDING HELMETS:** I understand that I can better protect myself against head injuries by wearing protective equestrian head gear while mounting, riding, dismounting & being around horses. Shasta Wilderness Horse Adventures will provide helmets to all riders free of charge. I accept full responsibility for the increased risk of injury if I decide not to wear a helmet or not to require my child or legal ward to wear a helmet. _____ (Initial here)
- LIABILITY RELEASE:** I understand that, except in the event of Shasta Wilderness Horse Adventures wanton or willful negligence, I am responsible for bodily injury or property damage that I or my child or legal ward should sustain while riding a horse provided by Shasta Wilderness Horse Adventures. I am also responsible for medical expenses or any other expense incurred as a result of such bodily injury or property damage. I am responsible for any time I, or my child or legal ward shall lose in employment or school or other activity. I hereby for myself, my heirs, administrators and assigns release and discharge Shasta Wilderness Horse Adventures (the Trail Ride operators) and all of their officers and employees from claims, demands, actions, and causes of action for such injuries sustained to my person, or that of my child or legal ward and/or my property. _____ (Initial here)
- INDEMNITY:** I agree to indemnify and pay any expenses, loss or damage that is incurred by Shasta Wilderness Horse Adventures and all of their officers and employees arising out of my rental and riding, or my child or legal ward's rental and riding of a horse supplied by Shasta Wilderness Horse Adventures. _____ (Initial here)
- INDEMNITY / LIABILITY RELEASE BY PARENT OR GUARDIAN OF MINOR CHILD OR LEGAL WARD:** In the knowledge that a parent by law can not waive the personal injury rights or other claims of a (their) minor child or legal ward, the undersigned parent or guardian of said minor child or legal ward agrees to indemnify Shasta Wilderness Horse Adventures and all of their officers and employees from any financial loss suffered as a result of any claim or other legal brought on behalf of said minor child or legal ward. Further, I agree not to bring any action against Shasta Wilderness Horse Adventures and all of their officers and employees for personal injuries suffered by said minor alleging negligent acts or acts of omissions by Shasta Wilderness Horse Adventures and all of their officers and employees. _____ (Initial here).

DO NOT SIGN BELOW UNLESS YOU HAVE THOROUGHLY READ AND UNDERSTOOD
THE ENTIRE CONTENTS OF THIS RELEASE FORM

Signature of Rider One

Date

Signature of Rider Two

Date

Signature of Rider Three

Date

Signature of Rider Four

Date

Signature of Parent or Guardian

Date