

WAIVER OF LIABILITY & LEGAL RELEASE

FOR

GOSS ROCKING G RANCH

12840 Del Puerto Canyon Road, San Jose, CA 95140 (408) 897-3334

STATE OF CALIFORNIA

SANTA CLARA COUNTY

Date ____ / ____ / ____

(Please Print Clearly)

I, _____, acknowledge and accept that horseback riding and activities related thereto, involve the risk of personal injury. By my signature, (and in case of a minor, the parent's or guardian's signature), they and I, hereby waive all rights, if any, claims, causes of action and lawsuits against Eric and Kathryn Goss, their family, heirs, executors, legal representatives, administrators, successors, assigns, guests, employees, or agents affiliated with any of them in any manner (collectively, herein The Goss') for any injury, liability or damages which may occur while riding any horse, whether leased or owned by me or by any other person, or for any injury or damages which may occur while participating in any activity related to horseback riding. I agree to indemnify, defend and hold harmless, The Goss', or any person or entity whose land a horse ride may across, for any accident, injury, or loss that might occur, and free such persons from all liability for such injury or loss. I understand that horseback riding always involves danger and I ride at my own risk.

I understand that horseback riding involves being in remote areas for extended periods of time, far from communications, transportation, and medical facilities; that these areas have many natural and man-made hazards which horseback riders cannot anticipate, identify, modify, or eliminate; that horses can be excitable, difficult to control, and unpredictable; and that accidents can happen to anyone at any time. I further understand that horseback riding involves such things as crossing creeks, galloping over uneven terrain, and being in strange places under adverse weather conditions, which could result in injury to myself and the horse I am riding.

I agree that wearing a certified safety helmet is mandatory for participation in a 4-H event and is required by anyone under 18 years of age. I further acknowledge that wearing a certified safety helmet is an excellent preventive measure against head injury. I am encouraged to wear a helmet for my protection; regardless of my age. My signature below constitutes acceptance of the above terms and conditions. I have read and fully understand this liability release.

Medical Release Horse/Rider

I further agree to allow and be financially responsible for any necessary emergency medical treatment by any available physician at any available medical institution in the event of my injury or illness. I likewise agree to allow and be financially responsible for any necessary veterinary treatment for the horse that I am riding. I have read and understand this liability release.

Dated this _____ day of _____, 2011

Print Name

Rider Signature

- 1. _____
- 2. _____
- 3. _____
- 4. _____

- 1. _____
- 2. _____
- 3. _____
- 4. _____

(Signature of Guardian if Rider is a Minor)

Street Address (Please print legibly as we use your address for mail outs)

City State Zip Home Phone Cell Number

E Mail: _____

Please email me information regarding activities at Rocking G Ranch ____ 4-H ____ Horse Properties ____ Upcoming Clinics ____

In Case of Accident Notify: _____ *Phone:* _____

Any Known Allergies or Medical Conditions:

