Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone(s): H\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ W\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Alcott Academy. General Agreement & Release of Liability**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Must be a Parent or Guardian if person named above is under the age of 18*), hereby acknowledge that I have requested permission to participate in equestrian or other activities on the premises of *Oakwood Farm, Alcott Academy, Rose City Polo Club, Charaz Stables, Clark County Event Center and Skyview Farm* . I agree to abide by the Facility Rules.

**I AM AWARE THAT JUMPING, TRAIL RIDING, CONDITIONING, POLO, POLOCROSSE, AND ALL OTHER FORMS OF EQUESTRIAN ACTIVITIES, INCLUDING THE TEACHING, TRAINING OR COACHING THEREOF CAN BE HAZARDOUS, AND I AM VOLUNTARILY PARTICIPATING IN EQUESTRIAN OR OTHER ACTIVITIES (IE HIKING, DOG WALKING AND/OR TRAINING) WITH THE KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH.**

In consideration for being permitted to use the facilities at *Oakwood Farm, Alcott Academy, Rose City Polo Club, Charaz Stables, Clark County Event Center and Skyview Farm*, I hereby agree that I, my heirs, my distributees, guardians, legal representatives and assignees will not make a claim against, sue, attach the property of, or prosecute Oakwood Farm, Rose City Polo Club, Charaz Stables, Clark County Event Center, Skyview Farm, The Alcott Academy, its landlord, directors, officers, members, employees or assignees, for any claim I now have or may hereafter have for death, injury or property damage resulting from my use of the facilities at the *Oakwood Farm, Alcott Academy, Rose City Polo Club, Charaz Stables, Clark County Event Center and Skyview Farm*, whether caused by my acts of omission or negligence or any else’s. In addition, it is understood that any and all insurance that I have shall be primary.

To the fullest extent permitted by law, **I shall defend, indemnify & hold harmless** Oakwood Farm, Rose City Polo Club, Charaz Stables, Clark County Event Center, Skyview Farm, The Alcott Academy, its landlord, directors, officers, agents and employees for and against any and all claims, damages, losses, expenses and liabilities of every kind, including but not limited to attorney’s fees, in any way arising out of or in connection with my activities under this Agreement. This indemnify shall apply regardless of any active and/or passive negligent act or omission of Oakwood Farm, Rose City Polo Club, Charaz Stables, Clark County Event Center, Skyview Farm, The Alcott Academy its landlord, directors, officers, agents and employees.

**I HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, A WAIVER OF LEGAL RIGHTS AND CONTRACT BETWEEN MYSELF, Oakwood Farm, Rose City Polo Club, Charaz Stables, Clark County Event Center, Skyview Farm, The Alcott Academy, AND SIGN IT OF MY OWN FREE WILL. I FURTHER ACKNOWLEDGE THAT THERE ARE NO WARRANTIES, EITHER EXPRESS OR IMPLIED, CONCERNING THE FACILITIES, EVENTS OR ACTIVITIES AT THE ABOVE FACILITIES.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Must be signed by a Parent or Guardian if Member is under the age of 18)*

Please Print Member Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Guardian/parent name if applicable\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact #(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_