

SIGNED RELEASES REQUIRED WITH EACH ENTRY FORM

Washington State Horse Park Release of Liability for Property Damage, Personal Injury or Death

I choose to participate voluntarily in Equine Activities, as that term is defined in RCW 4.24.530(2), at the **Washington State Horse Park** ("WSHP"). The WSHP is an equine activity sponsor, as that term is defined in RCW 4.24.530(3). I am fully aware of and acknowledge that Equine Activities involve inherent dangerous risk of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering or death ("Harm").

I agree to release WSHP Authority and the individual WSHP Board members and the WSHP Foundation and the individual WSHP Foundation Board Members, their agents, assigns, employees and contractors and members, the City of Cle Elum and Suncadia, LLC (hereinafter collectively referred to as the "Released Parties") from all claims for money damages or loss for any Harm to me, my injury or death, the injury or death of my child(ren) named below ("Child") or my horse or for any Harm caused by me or my horse to others, even if the Harm, directly or indirectly, resulted from the negligence of the Released Parties.

I agree to expressly assume all risks of Harm to me or my child or my horse. I also expressly assume all responsibility for handling and transporting my horse while at WSHP.

I agree to indemnify the Released Parties and to hold them harmless from all claims, causes of action and money damages resulting from Harm to me, my Child, or my horse while I am participating in Equine Activities at the WSHP.

Under Washington State law, except as provided in RCW 4.24.540(2), an equine activity sponsor or an equine professional shall not be liable for an injury or the death of a participant engaged in an equine activity, and, except as provided in subsection(s) of this section, no participant nor participant's representative may maintain an action against or recover from an equine activity sponsor or an equine professional for an injury to or the death of a participant engaged in an equine activity.

I have read and understand the Rules and Regulations of WSHP that are posted on the WSHP property. I understand these rules and regulations of WSHP will be changed from time to time and I agree to abide by the changed rules. I represent that I and/or my child have the requisite training, coaching and ability to participate safely in the activities we chose to pursue at WSHP.

Release of Photographic and Video Images

I hereby give permission to WSHP and those acting with its authority the unrestricted right and permission to use, publish and republish any photographic or video images of me and/or my horse for promotional and marketing purposes of the Horse Park. I also permit the use of any printed material in connection therewith and relinquish any right to review or restrict its use or publication.

I have read and understand these Releases; my signature below signifies my acceptance of their terms and conditions. I agree these Releases shall remain in full force and effect until they are specifically revoked by me in writing or superseded by new releases issued by the Horse Park and signed by me.

Name of Event _____ Event Date(s) _____

Participant's Name _____ DOB if under 18 _____

Participant's Signature _____ Today's Date _____

If Event Participant is under 18 years of age, his/her parent must sign on his/her behalf below:

Parent's Name _____ Today's Date _____

Parent's Signature _____

Participant's cell # _____ Emergency Contact Name _____

Participant's Zip Code # _____ Emergency Contact Cell # _____



Cascade Horse Shows LLC Release of Photographic & Video Images and Audio

I hereby give Cascade Horse Shows LLC (CHS) and those acting with its authority the unrestricted and perpetual rights and permission to use, publish, and republish photographic and video images and audio recordings of me and/or my horse(s) and our names, taken at CHS shows in which I may be included in whole or in part, composite or edited or retouched in character or form. Said photographic and video images and audio recordings may be used for promotional, marketing and other business purposes including but not restricted to banners, prize lists, websites, promotional film DVDs, and advertisements. If the person photographed, videoed and/or recorded is under 18, I certify that I am his or her parent or legal guardian and I give my consent without reservation to the foregoing on his or her behalf.

Date: _____

Adult Name: _____

Minor Name: _____ (if under 18)

Address: _____

Phone: _____

Signature: _____

