**Release of Liability**

I, the undersigned, wish to participate in the **CLARK COUNTY PLEASURE RIDERS, INC.** event on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_. I understand that during portions of this event I will be in close proximity to one or more horses under circumstances which may expose me to some risk of injury, because of the nature of horses, the facility, and the activities in which I will be engaged.

In consideration of the **CLARK COUNTY PLEASURE RIDERS, INC.** allowing my participation in this event, I, on behalf of myself, and my heirs, administrators, personal representatives, assigns and children and spouse, if any, do hereby agree to hold harmless, release and discharge **CLARK COUNTY PLEASURE RIDERS, INC.** which includes its officer, directors, members, agents, representatives, affiliates and insurers, of and from all claims, demands, causes of action and legal liability whether known or unknown, anticipated or unanticipated, due to the ordinary negligence of **CLARK COUNTY PLEASURE RIDERS, INC.** for any damage of loss due to bodily injury, death or property damage arising out of my participation in this event.

“NOTICE: A person who engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in section 895.481 (1) (e) of the Wisconsin Statues”

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature of a parent or guardian (if under 18 yrs. of age) Signature of Exhibitor (18 years and older)

**PARENT/GUARDIAN COVENANT NOT TO SUE WITH PHOTO/MEDIA RELEASE**

**This is an important document. Please read it carefully before you sign and return it. If you have any questions about signing the document, please consult with your personal attorney.**

**PHOTO/MEDIA RELEASE**

I agree and understand that the Clark County Pleasure Riders Club is developing photographic and multimedia materials which with illustrate activities of the Clark County Pleasure Riders. I grant to the Clark County Pleasure Riders, or any of its subordinate entities, the right to take, use, reproduce, assign, and/or distribute photographs, films, videotapes and sound recordings of the participant, for use in any such materials the Clark County Pleasure Riders may create, or publish without any payment to or future approval by me. I concur that there shall be no payment for such use.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPED OR PRINTED NAME OF CHILD TYPED OR PRINTED NAME OF SIGNATORY

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 RELATIONSHIP OF SIGNATORY TO CHILD