

Release Form 2015 for under 18 – Sabo Eventing and Newport Mesa Riding Center

Name of Participant: _____ Date of Birth: _____

Father _____ Cell Phone: _____

Mother _____ Cell Phone: _____

Address: _____

E-Mail _____ Home Phone: _____

Emergency Contact: _____ Cell Phone: _____

Liability Release:

1. The undersigned Owner/Rider/Student/Parent or Guardian shall abide by all rules and regulations of Orange County Fairgrounds Equestrian Center, Brian and Lisa Sabo, Sabo Eventing, NMRC and/or any other facility we are working at. If I have not seen the rules and regulations it is my responsibility to find them.
2. The undersigned Owner/Rider/Student/Parent or Guardian shall assume all responsibility and risk arising out of engaging in or participating in equestrian activities at OC Fairgrounds Equestrian Center, Brian and Lisa Sabo, Sabo Eventing, NMRC and/or any other facility we are working at. The undersigned Owner/Rider/Student/Parent or Guardian shall hold Brian Sabo, Lisa Sabo, Sabo Eventing their agents, employees and/or their students harmless from all damages or liability for and injury to person, injury to horse, damage to personal property or for wrongful injury or death caused by negligence.
3. The undersigned Owner/Rider/Student/Parent or Guardian does for him/herself, his/her heirs, executors, administrators, and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute and/or present any claim for personal injury, property damage or wrongful death against Brian Sabo, Lisa Sabo or Sabo Eventing their agents, employees and/or their students for any of said causes of action, whether the same shall arise by the negligence of any person or otherwise. (This means you will not sue us or any employee, agent or student for any reason at any time even if we are negligent.)
4. The undersigned will by signing this document promise to indemnify Brian Sabo and Lisa Sabo, Sabo Eventing for any and all damages, verdicts, judgments, expenses, costs and attorney fees which they may incur in defending themselves against such claims. The undersigned will by signing this document promise to indemnify Brian Sabo, Lisa Sabo and Sabo Eventing for any and all damages, verdicts, judgments, expenses, costs and attorney fees that they may incur in defending themselves against such claims even if Brian Sabo, Lisa Sabo or Sabo Eventing are found guilty or negligent.
5. The undersigned acknowledges that he/she has read the foregoing paragraphs, has been fully and completely advised of the potential dangers incidental to engaging in equestrian activities and is fully aware of the legal consequences of signing the within instrument.
6. The undersigned understands the fees and charges of Sabo Eventing and NMRC. Will pay on time and when 10 days late agree to 10% late fees. 24-Hour Cancellation Policy.
7. I/WE, THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING LIABILITY RELEASE AGREEMENT, WARNINGS AND OUR ASSUMPTION OF RISK. THE PARTIES UNDERSTAND THE ABOVE AGREEMENT CONTAINS AN AGREEMENT TO SUBMIT ALL DISPUTES UNDER THIS AGREEMENT TO BINDING.

Medical Release: I, in my own behalf and on behalf of the minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, in my own behalf and on behalf of the Minor, acknowledge that the Minor is assuming the risk of such illness or injury by participating in the camp. In the event of such illness or injury, I authorize employees of Sabo Eventing to obtain necessary medical treatment of the minor and hereby, in my own behalf on the Minor, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the Minor for any illness or injury that the Minor may sustain during the Camp.

Insurance and Medical Information: I represent that any medication to which Minor is allergic or medications that Minor is currently taking are listed below. I agree that Minor shall bring medications which Minor is currently taking with him/her to the camp and that he/she shall consume the prescribed dosage for such medications. Sabo Eventing will not administer any type of medication.

Medications: _____

Allergic: _____

Family Doctor: _____ Phone: _____

Medical Insurance Company: _____ Policy Number: _____

Parent or Guardian Signature: _____ Date: _____