



Liability Release Waiver Year: 2025

Parent/Guardian _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email: _____ (to be used for newsletters and general communications)

Minor/Dependant Name _____ Date of Birth _____ Minor/Dependant Name _____ Date of Birth _____

Minor/Dependant Name _____ Date of Birth _____ Minor/Dependant Name _____ Date of Birth _____

I hereby waive release, and discharge SBYEC, its directors, officers, employees and members, and their agents, representatives or employees from, any and all demands, claims, actions, damages, costs or expenses in respect to death, injury, loss or damage to any person or property arising out of or resulting from my and/or my child's participation in these activities. This release and waiver is intended to discharge in advance and I covenant not to sue SBYEC, its directors, officers, employees or members, and their agents, representatives or employees for damages for death, personal injury, property damage or loss which I may have or may subsequently occur, as a result of my participation in these activities.

It is understood and agreed that The Equine Activity Liability laws of the State of Washington, § RCW 4.24.540, state among its statutory provisions that "an equine activity sponsor or an equine professional shall not be liable for an injury to or the death of a participant engaged in an equine activity." WARNING OF INHERENT RISKS: Equine Activity is inherently dangerous and I understand: a) the propensity of the animal to behave in ways that may result in injury, harm, or death to persons on or around them; b) the unpredictability of the animal's reaction to outside stimulation such as sounds, sudden movement, and unfamiliar objects, persons, or other animals; c) the possibility of collisions with other animals or objects; d) or the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within his or her ability.

I further understand that serious accidents occasionally occur from participation in equestrian activities, and that participants occasionally sustain mortal or serious personal injuries and/or property damage, as a consequence thereof. I am aware that an equine activity sponsor or an equine professional shall not be liable for an injury to or the death of a participant engaged in an equine activity and that 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 per Washington State RCW 4.24.540 Limitations on Liability for Equine Activities. Knowing these risks, I hereby agree to assume these risks and to release and hold harmless all of the persons or entities mentioned above. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs, executors and assigns.

I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH. It is understood and agreed that this agreement is to be binding upon myself, my heirs, executors and assigns under the laws of the State of Washington. I understand that this is a legal document. I have read and understood this release and understand all its terms. I execute it voluntarily and with full knowledge of its meaning and significance. I hereby assume all of the risks associated with equine related activities. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN SILVER BUCKLE YOUTH EQUESTRIAN CENTER AND MYSELF.

PHOTO RELEASE

I consent to and authorize the use and reproduction by Silver Buckle Youth Equestrian Center of any and all photographs or any other audio-visual taken of me/my son/daughter and written statements to be used for promotional printed material, educational activities, and any other use for the benefit of the program. Yes _____ NO _____ Initial: _____

I HAVE READ AND UNDERSTAND THE ABOVE:

Signed _____ Printed Name _____ Date _____

IF A MINOR/DEPENDANT, PARENT OR GUARDIAN MUST SIGN BELOW:

Signed or Signature of PARENT OR GUARDIAN _____ Printed Name _____ Date _____

Office Use Only

Received by _____ Filing Date: _____ Misc Information: _____