

ASSUMPTION OF RISK AGREEMENT AND RELEASE
(Minor Child)

Please Read Entire Agreement Before Signing

The undersigned, as the parent(s) and/or guardian(s) of _____, a minor child, hereby authorizes said minor child to enter upon and use the Clark County Event Center Dr. Jack Giesy Arena and to participate in activities such as horseback riding. In consideration of the rent for the use of the arena, the undersigned hereby acknowledges that the use is at the minor child's own risk. The undersigned acknowledges the obvious and inherent risks and dangers in these activities, including but not limited to the unpredictable and unmanageable nature of horses, and as a result of these activities, the minor child could sustain injuries and damages. The undersigned also acknowledges that the Clark County Event Center will not provide instruction or supervision to the minor child.

Recognizing the obvious and inherent risks and dangers in these activities, including but not limited to the unpredictable and unmanageable nature of horses, and recognizing that the Clark County Event Center will not provide instruction or supervision to the minor child, the undersigned, jointly and severally, hereby assumes full responsibility for any and all risk of personal injury, property damage or wrongful death that may occur to the minor child as result of engaging in activities at the arena or while said minor child is on or about the Fairgrounds. The undersigned accepts full responsibility for the cost of medical treatment for any injury suffered while on the Fairgrounds.

In consideration for the use of the Dr. Jack Giesy Arena, the undersigned releases and forever discharges the Clark County Event Center, its agents, board of directors, successors and assign, from all claims, demands, rights, or causes of action, present or future, whether known, anticipated or unanticipated, and resulting from or arising out of, or incident to the use of the Dr. Jack Giesy Arena.

I have been given the opportunity to fully read the foregoing, have done so completely, and understand its contents.

PARENTS AND/OR GUARDIANS:

Dated: _____

(Signature)

Printed Name: _____

Address: _____

Telephone: _____

Health Insurance Provider: _____

Telephone Number: () _____

RCW 4.24.540
RCW 4.24.530
RCW 4.24.520