
**WILLIAMSON COUNTY
EXPOSITION CENTER
HORSE RIDING EVENT
GENERAL LIABILITY RELEASE**

STATEMENT OF ASSUMPTION OF RISK

MY SIGNATURE INDICATES THAT I HAVE READ AND UNDERSTAND THE INFORMATION BELOW.

I am participating in the Williamson County Exposition Center horse riding event(s) during the 2019 riding season from 1/22/19 – 9/30/19. As a participant, I will abide by and use reasonable care, and I understand that any outdoor activities and specifically horse-riding events may have an element of hazard or inherent danger, and I take full responsibility for my actions and physical condition. **I HEREBY FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS AGREE TO INDEMNIFY AND HOLD WILLIAMSON COUNTY, TEXAS AND ANY EMPLOYEES, REPRESENTATIVES, SUCCESSORS AND ASSIGNS HARMLESS FROM ANY LIABILITY, LOSS, COST OR EXPENSE (INCLUDING ATTORNEY’S FEES, MEDICAL AND AMBULANCE COSTS) THAT MAY OCCUR WHILE PARTICIPATING.** In case of emergency, I give my permission for emergency medical treatment. This form shall be considered valid until canceled or changed in writing by the undersigned participant.

WARNING

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

WARNING

UNDER TEXAS LAW (TEX. CIV. PRAC. & REM. CODE § 87.003) A “PERSON, INCLUDING A FARM ANIMAL ACTIVITY SPONSOR, FARM ANIMAL PROFESSIONAL, LIVESTOCK PRODUCER, LIVESTOCK SHOW PARTICIPANT OR LIVESTOCK SHOW SPONSOR, IS NOT LIABLE FOR PROPERTY DAMAGE OR DAMAGES ARISING FROM PERSONAL INJURY OR DEATH OF A PARTICIPANT IN A FARM ANIMALS ACTIVITY OR LIVESTOCK SHOW IF THE PROPERTY DAMAGE, INJURY OR DEATH RESULTS FROM THE DANGER OR CONDITIONS THAT ARE AN INHERENT RISK OF A FARM ANIMAL ACTIVITY OR THE SHOWING OF AN ANIMAL ON A COMPETITIVE BASIS IN A LIVESTOCK SHOW.”

I have read this Release and by signing it agree with its terms. I understand this Release is only valid from 1/22/19 – 9/30/19.

Name of Participant: _____

Birthdate: _____

Signature of Participant: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(Must be signed by parent/guardian if participant is under 18 years old.)

Emergency Contact

Name: _____ Phone Number: _____