





**Release of Liability  
Acceptance Of Risk**

Guardian Representation: If I am a PARENT or GUARDIAN of any minor person under 18 years of age participating in equestrian activities at Rancho Mission Veijo, I make these representations and agree to the terms of this Assumption of Risk and Waiver on behalf of each minor, as well as myself, and I agree to assume responsibility for their safety. I further agree to DEFEND, INDEMNIFY AND HOLD HARMLESS Southwest Show Mgmt (Southwest Specialties LLC), World Ranch Horse Association, and all other Parties Released from and against any demand, claim, right of action, or suit that may be brought on behalf of any such minor(s) arising from equestrian activities at this show hosted and managed by Southwest Show Management (Southwest Specialties LLC), World Ranch Horse Association. I will pay all fees, damages, and costs, including attorney fees that may incur in the enforcement of this agreement.

I agree to accept and abide by the rules set forth in the printed premium, as well as association rules for this show. If this agreement is not signed, then entry into any class at this show indicates acceptance of this agreement.

I intend this agreement to bind me and my family, my assigns, estate, heirs, and personal representatives. This contract is severable and shall be interpreted and enforced under the laws of the State of California.

I have carefully read this document and fully understand its contents, which I adopt as a completely integrated and exclusive statement of the entire terms of agreement.

PRINT FULL NAME OF MINOR CHILD OR PRINT PARENT/GUARDIAN FULL NAME

\_\_\_\_\_

MINOR CHILD DOB \_\_\_\_\_ EMERGENCY NUMBER \_\_\_\_\_

ADDRESS CITY/ZIP

\_\_\_\_\_

PRINTED NAME OF PARENT OR GUARDIAN \_\_\_\_\_

SIGNATURE OF PARENT/ GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_

**CREDIT CARD AUTHORIZATION:** I authorize Southwest Specialties to use my credit card

# \_\_\_\_\_ to cover show expenses for this show held on (date) \_\_\_\_\_.

Card Exp. \_\_\_\_\_ Security Code \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_