2016 CALIFORNIA RODEO SALINAS RELEASE OF LIABILITY

PARTICIPANT:	PHONE:		
ADDRESS:	CITY:	STATE:	_ ZIP:
I acknowledge that horse to myself, my horse and prope horseback riding.		ich carries inherent risks one all risks, whether kno	
and the City of Salinas (hereina referred to as the County), from a of California Rodeo, and/or the Ci	fter referred to as the Ci all liability for any act of ity and/or the County or a	negligence or want of ordiny of its agents.	onterey, (hereinafter nary care on the part
discharge California Rodeo, the Corepresentatives, heirs, executors a myself, my animals or my proper executors, heirs and assigns.	City, and the County, the and assigns from any and	l all claims of liability for	s and members, their injury or damage to
	s which the creditor does		ist in his favor at the
I agree that I will inder their officers, directors, members court costs and actual attorney fe my benefit, in which this release i	s and agents against all cles, arising from any process.		s of action, including
California Rodeo, and/or the any damage which may accrue fr injury to person, horse or property	rom any cause or as a re-		
I acknowledge that I have	e read this Release of Liab	ility and know and understa	and its contents.
SIGNATURE		DATE	
M PARENT OR LEG	IINORS DO NOT SIGN GAL GUARDIAN <u>MUS</u> T	* * * * * * * * * * * BELOW LINE COMPLETE THIS SEC legal guardian riding wit	TION
I, the undersigned parent or guar agree that the terms and conditionity set forth above, shall be binding to the minor arising out of his o	ns of this Release of Lia ding as to damage or in	bility and specifically incl	uding but not limited to the
I acknowledge that I have read thi	is Release of Liability and	know and understand its co	ontents.
NAME:		PHONE ()

SIGNATURE: _____ DATE: _____