

ASSUMPTION OF RISK AGEEMENT AND RELEASE

Please Read Entire Agreement Before Signing

I, the undersigned, in consideration of being granted permission to use the Clark County Event Center Dr. Jack Giesy Arena , and in consideration of the rent for the use of the arena for such activities as horseback riding, hereby acknowledge that the use is at my own risk. I understand and acknowledge 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 I could sustain injuries and damages. I also understand that the Clark County Event Center will not provide instruction or supervision to me. I certify that I am eighteen (18) years or older.

Notwithstanding the dangers and risks associated with 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 me, I assume full responsibility for any and all risks of personal injury, property damage, or wrongful death that may occur as a result of engaging in activities at the arena or while on the Clark County Event Center. I assume full responsibility for the cost of medical treatment for any injury suffered while on the Clark County Event Center.

In consideration for the use of the Dr. Jack Giesy Arena, I release and forever discharge the Clark County Event Center, its agents, board of directors, successors and assigns, 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.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

RCW 4.24.540  
RCW 4.24.530  
RCW 4.24.520

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Telephone Number : \_\_\_\_\_