



WAIVER AND RELEASE OF LIABILITY & ASSUMPTION OF RISK AGREEMENT

For consideration received, and in return for the use of the Walla Walla County Fairgrounds Expo Building during the 2020|2021 winter riding season, I, for myself, my successor, heirs, assigns, executors and administrator, hereby agree as follows:

1. Prior to participating I will inspect the facilities, equipment and areas to be used, and if I believe any of them unsafe, I will immediately advise the facilities management.
2. I fully understand that there are certain risks and dangers inherent in equine activities, including serious injury or death, and hereby release, acquit, discharge and hold harmless Walla Walla County, their officers, agents, employees, representatives and successors, for all manner of claims, demands and damages resulting from the usage of the Walla Walla County Fairgrounds Expo Building, including but not limited to, their negligence, in accordance with the provisions of Washington Law that state that "an equine activity sponsor or an equine professional shall not be liable for an injury to or the death of a participant engaged in an equine activity." RCW 4.24.540.
3. I assume any and all risks of personal injury to myself, including medical or hospital bills, permanent or partial disability, death, and damage to my property, caused by or arising from my usage of the Walla Walla County Fairgrounds Expo Building.

I am the sole person responsible for the payment of the billing for the rental of the facility.

It is my responsibility to collect from anyone else riding during my assigned rental time.

Each rider will be required to submit a Waiver if they ride during my rental hour - NO ONE MAY RIDE WITHOUT A SUBMITTED WAIVER AND RELEASE OF LIABILITY & ASSUMPTION OF RISK AGREEMENT.

THIS DOCUMENT RELIEVES WALLA WALLA COUNTY AND OTHERS FROM LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH, AND PROPERTY DAMAGE CAUSED BY NEGLIGENCE. I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN VOLUNTARILY.

Printed Name of Adult Rider: _____

Or as Parents and/or Guardians of: _____

Print name of minor rider

Printed Name of CONTRACTED Rider: _____

(WHO ARE YOU RIDING WITH)

Signature: _____ Date: _____