



## 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 2021 | 2022 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: \_\_\_\_\_

## WALLA WALLA COUNTY FAIRGROUNDS RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, \_\_\_\_\_, acknowledge that I will be participating in the following activities at the Walla Walla County Fairgrounds premises and facilities: Hourly Riding in the Exposition Building weekly, November 1, 2021 through March 31, 2022.

I AM AWARE OF THE COVID-19 PANDEMIC AND RELATED GOVERNMENTAL ORDERS, DIRECTIVES AND GUIDELINES (COLLECTIVELY "DIRECTIVES"), INCLUDING DIRECTIVES FOR FREQUENT HAND WASHING, SOCIAL DISTANCING AND USE OF FACE COVERINGS IN PUBLIC LOCATIONS. I AM AWARE THAT THESE ACTIVITIES ARE OCCURRING IN A PUBLIC LOCATION DURING THE COVID-19 PANDEMIC, AND ALSO POTENTIALLY INVOLVE LIVESTOCK, EQUESTRIAN OR OTHER FAIRGROUNDS ACTIVITIES, AND ARE THEREFORE HAZARDOUS ACTIVITIES.

I AGREE TO FOLLOW ALL RULES AND REQUIREMENTS REGARDING COVID-19 PRECAUTIONS, INCLUDING DISTANCING, FACE COVERINGS AND CLEANING.

I AM AWARE THAT I COULD BE INFECTED, SERIOUSLY INJURED OR EVEN DIE DUE TO EXPOSURE TO COVID-19 OR DUE TO ACTIVITIES ON THE FAIRGROUNDS INCLUDING BUT NOT LIMITED TO EQUESTRIAN AND LIVESTOCK ACTIVITIES. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN. I verify this statement by placing my initials here: \_\_\_\_\_ Parent or Guardian's initials (if participant is under 18): \_\_\_\_\_ As consideration for being permitted to participate in these activities and use the Fairgrounds, I forever release Walla Walla County, along with their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Releasees") from any and all liabilities, causes of action, lawsuits, claims, demands, or damages of any kind whatsoever that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts of any Releasee, whether directly connected to these activities or not, and however caused, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND WALLA WALLA COUNTY, AND SIGN IT OF MY OWN FREE WILL. If you are under 18 years of age, you and your parent or guardian must sign and initial this form where indicated.

Executed this date \_\_\_\_\_, 20\_\_\_\_.

### PARTICIPANT/RELEASOR PARENT OR GUARDIAN

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**EACH PARTICIPANT MUST SIGN THIS RELEASE  
and return it to the Fairgrounds Office prior to participation.**