



## **RANCH VISITOR LIABILITY RELEASE**

**This is an important legal document. Please read this carefully.  
Fill in the information, initial and/or sign this release in ink, where indicated.**

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Participant's Full Name (Please Print)

1. I, the undersigned participant (if 18 years of age or older) or parent or legal guardian/conservator of the participant named above (either of the above shall hereafter be referred to as the "Participant"), hereby request permission for the above named Participant to participate in any Compton Junior Equestrians Ranch Activity/Event.  
\_\_\_\_\_(initials)
2. I understand that there are risks and hazards inherent in handling and riding horses and in participating with the Compton Junior Equestrians (hereafter referred to as CJE) and that the behavior of horses cannot be predicted or always controlled and that participating with CJE carries the risk of serious injury or death to me.  
\_\_\_\_\_(initials)
3. To help minimize the risk associated in my participation with CJE, I agree to wear a helmet at all times while mounted and to otherwise fully comply with instructions of CJE.  
\_\_\_\_\_(initials)
4. I understand that riding horses is a strenuous and physically demanding sport. I represent and warrant to you that the Participant is physically and mentally able to participate with CJE in these activities.  
\_\_\_\_\_(initials)
5. I acknowledge that use of the facilities and participating with CJE is completely voluntary and that Participant does so at his/her own risk and assumes all risks associated with such participation.  
\_\_\_\_\_(initials)
6. In consideration of the participant being permitted to participate with CJE, the Participant and my /his/her beneficiaries, administrators, executors and assignees, do hereby, without reservations, waive, release, acquit and forever discharge said CJE and all CJE agents, the owner of any horses on loan to the CJE, their representatives, officers, agents, sponsors, employees, and volunteers, from any and all liability, from suits, claims, demands or assertions of liability of any nature whatsoever, for personal injuries, property damage, injury to personal or incorporeal interest, or other like damages from or otherwise connected with the Participant's participation in said CJE program; and do hereby covenant that no action at law or suit shall ever be brought against the aforementioned representatives, officers, directors, agents, sponsors, volunteers or employees of CJE on account of any matter.  
\_\_\_\_\_(initials)

7. I have carefully read and fully understand all of the above information, declarations, requirements, warnings and precautions and I am fully aware of the risk factors of participating in CJE activities/events and sign this authorization voluntarily.

\_\_\_\_\_(initials)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Participant Name

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Parent/Guardian Name  
*(if participant is under 18 years old)*

\_\_\_\_\_  
Parent/Guardian Signature  
*(if participant is under 18 years old)*

\_\_\_\_\_  
Date

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

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_