

**INFORMATION AND WAIVER FORM
GENESEE RIM RIDERS, INC., ARENA**

This form must be filled out and filed with the treasurer of the Genesee Rim Riders, Inc. by every person using the arena for riding. Any person using the arena who has not filed this form will be considered a trespasser and future privileges may be refused.

Please Print:

Name _____ Telephone _____

Address _____ City _____

Parent or Guardian (if minor) _____

Organization _____

Circle degree of riding skill:

(Beginner 1 2 3 4 5 Expert)

In consideration of being able to use the Genesee Rim Riders, Inc. arena property, I (the above named) hereby agree as follows:

1. TO HOLD HARMLESS AND INDEMNIFY the Genesee Rim Riders, Inc. from any and all liability for any property damage or personal injury to any third party arising out of my use of the arena and the adjacent property.
2. That I recognize that there are inherent dangers, risks, and hazards related to horseback riding and the possibility of injury, property damage, loss, or even death which may result therefrom.
3. That I waive any and all claims that I may have against the Genesee Rim Riders, Inc., its officers, representatives, and members and release same from any and all liability for any damage, loss, injury, or expense that I may suffer as a result of using the arena (and the adjacent property) due to any cause whatsoever, including negligence on the part of the Genesee Rim Riders, Inc.
4. That this agreement shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns, in the event of my death.
5. That I shall obey all rules regarding the arena and avoid all acts, which could harm the arena or any person?
6. This registration is good for a period of one year and expires December 31 of the year signed.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND AM AWARE THAT BY SIGNING IT I AM WAIVING LEGAL RIGHTS, WHICH MY HEIRS OR I MIGHT HAVE AGAINST THE GENESEE RIM RIDERS, INC.

Participant Signature

Parent/Guardian (Signature if participant is under 18 years of age)

Witness Signature (Adult)

Date