



# La Pine Rodeo Association

## Play Day Application/Registration April 10, 2010

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Phone No \_\_\_\_\_

Horse's Name: \_\_\_\_\_ No. \_\_\_\_\_

Games:

POLE BENDING      KEYHOLE      BARRELS      SCURRY RACE

Entry Fees: \_\_\_\_\_ Paid: \$ \_\_\_\_\_

\$20 / Individual  
\$45 / Family

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Helmets are required for all riders 16 years and under.  
Please sign the agreement on this page and the release form as well.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Parent or Guardian signature if under age 18

# GHOST ROCK RANCH, LLC

Po Box 125, La Pine OR 97739 (541) 536-5593

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## HORSEBACK RIDING RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

I, \_\_\_\_\_, hereby acknowledge that I and/or my legal guardian on my behalf have voluntarily entered into this Release and Hold Harmless Agreement (the "Agreement") with Ghost Rock Ranch, LLC ("Ghost Rock Ranch") and La Pine Rodeo Association ("La Pine Rodeo Association").

I fully understand that the general activity of horseback riding, or even being near a horse, involves numerous known and unanticipated risks of injury to me. For the purposes of this Agreement, the "general activity of horseback riding" includes riding, training, driving, grooming or riding as a passenger upon any equine.

**Please initial to show that you agree \_\_\_\_.**

I fully understand that an animal (horse), irrespective of its training and usual past behavior and characteristics, may act or react unpredictably based on instinct or fright, and that even the most gentle horse, when provoked or frightened, may rear, buck, run away or otherwise act in an unpredictable and dangerous manner. In addition, weather such as wind, thunder, hail, lightening, or snow sliding off the roof, may cause a horse to rear, buck, run away or otherwise act in an unpredictable manner. **Please initial to show that you agree \_\_\_\_.**

I fully understand that riding on any type of terrain can be dangerous to my horse and me and that this danger increases when riding a horse fast, such as at a canter (lope) or at a gallop. Under these conditions, or even while riding at a slower pace, my horse may stumble, be thrown off balance, get caught in a hole or rut, fall, or otherwise be dangerous to me. I also fully understand that I may, at any time, lose control of and/or fall off my horse, or have a collision. **Please initial to show that you agree \_\_\_\_.**

I fully understand that animals (horses) and conditions are unpredictable and that the risk of injury or death is inherent to the activity of horseback riding and/or being around horses. **Please initial to show that you agree \_\_\_\_.**

As a condition of participation, I fully assume all of the risks involved, and completely release Ghost Rock Ranch and La Pine Rodeo Association, and their members, officers, employees or agents, from all responsibility and risk for injury, death, illness or disease or damage to myself, to others, or to my property, arising from my participation in the general activity of horseback riding. **Please initial to show that you agree \_\_\_\_.**

As condition of participation, I hereby waive my right to bring action against Ghost Rock Ranch and La Pine Rodeo Association, their members, officers, agents or employees from any and all liability, claims, demands, or actions for injury or death to myself, or to my property, arising out of the general activity of horseback riding, training, driving, grooming, or riding as a passenger upon the equine, unless caused by an act or omission of such persons or entities which constitutes willful or wanton disregard for the safety of the participant. **Please initial to show that you agree \_\_\_\_.**

I agree to defend, indemnify and hold harmless Ghost Rock Ranch and La Pine Rodeo Association and all of their officers, board members, affiliated organizations, agents and employees for any injury or death caused by or resulting from my participation in the activity of horseback riding and its related activities, whether or not such injury or death was caused by their negligence or from any other cause. **Please initial to show that you agree \_\_\_\_.**

I certify that I have sufficient health, accident and liability insurance to cover any bodily or property damage I may incur while participating in this event and to cover bodily injury or property damage caused to a third party as a result of my participation in this event. If I have no such insurance, I certify that I am capable of personally paying for any and all such expenses or liability. **Please initial to show that you agree\_\_\_\_\_.**

This agreement shall be legally binding upon me, my family, my heirs, my estate, assigns, legal guardians, and my personal representatives. **Please initial to show that you agree\_\_\_\_\_.**

I have carefully read this agreement and fully understand its contents. I am aware that I am releasing certain legal rights that I otherwise may have, and I enter into this Agreement on behalf of myself, or my child, of my own free will. **Please initial to show that you agree\_\_\_\_\_.**

**PROTECTIVE HEADGEAR:** I refuse to wear any type of protective headgear or will provide my own. I accept full responsibility for my own safety in this decision. Riders under the age of 16 **MUST** wear protective headgear. **Please initial to show that you agree\_\_\_\_\_.**

**THIS IS A RELEASE OF LIABILITY. DO NOT SIGN OR INITIAL THE RELEASE IF YOU DO NOT UNDERSTAND AND/OR AGREE WITH ITS TERMS.**

Participants under 18 years of age require the signature of a parent or legal guardian.

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

Signature of Parent or Legal Guardian: \_\_\_\_\_

Printed Name of Parent or Legal Guardian: \_\_\_\_\_

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

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

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

*(Ghost Rock Ranch / LRA)*

**Horses brought to Ghost Rock Ranch are required to be current on their vaccinations. This is for your horse's protection as well as our own. Please list your horse's name and date of last West Nile and 5-Way vaccinations:**

\_\_\_\_\_  
**Horse's Name**

\_\_\_\_\_  
**West Nile**

\_\_\_\_\_  
**5-Way**

**If your horse is NOT current, PLEASE do not unload.**

**We look forward to having you and your horse be a part of Ghost Rock Ranch and La Pine Rodeo's Playday and ask that you respect the health of our horses and your own by being up to date on all vaccinations and worming before you come to the ranch. Thank you!**