

**LICKING PARK DISTRICT
PACE AT THE PARK**

Team Name _____

Date _____

ACKNOWLEDGEMENT OF RISK AND RELEASE OF CLAIMS

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in the **PACE AT THE PARK** event you will be waiving and relinquishing all claims for you or your minor child/ward.

I recognize and acknowledge that there are certain risks of physical injury occurring during my and/or my child/ward's participation in the **PACE AT THE PARK** equestrian event and I agree to assume the full risk of any such injuries, damage or loss regardless of severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such participation. I fully understand that horseback riding and other equine activities involve inherent risks that can result in injury, death, and/or property damage.

I waive and relinquish all claims I or my child/ward may have against the Licking Park District, its Board of Licking Park District Commissioners and its officers, agents, servants, volunteers, and employees as a result of my participation in Pace at the Park. I hereby fully indemnify and hold harmless and defend the Licking Park District, its Board of Park Commissioners and its officers, agents, servants, volunteers, and employees from and against all claims, damages, losses and expenses, including, but not limited to, attorney's' fees, arising out of or resulting from injuries, damages, and losses sustained by me or by my child/ward and arising out of, connected with, or in any way associated with the activities of the **PACE AT THE PARK** event.

I have read this Acknowledgement of Risk and Release of Claims and fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

PLEASE PRINT LEGIBLY

_____ Adult Signature	_____ Date	_____ Adult Signature	_____ Date	_____ Adult Signature	_____ Date
_____ (printed name)	_____ (printed name)	_____ (printed name)	_____ (printed name)	_____ (printed name)	_____ (printed name)
----- Print name of minor child:		----- Print name of minor child:		----- Print name of minor child:	
_____ (child)	_____ (child)	_____ (child)	_____ (child)	_____ (child)	_____ (child)
_____ Street Address		_____ Street Address		_____ Street Address	
_____ City, State, Zip		_____ City, State, Zip		_____ City, State, Zip	
_____ Phone number	_____ Email address	_____ Phone number	_____ Email address	_____ Phone number	_____ Email address