



**AHEAD With Horses**

10157 Johanna Ave, Shadow Hills, CA 91040 • (818) 767-6373 • [awhla.org](http://awhla.org)

## LIABILITY RELEASE FORM

Name of Participant: \_\_\_\_\_

Date of Birth (optional if over 18): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email (optional): \_\_\_\_\_

Where you heard of us: \_\_\_\_\_

I/We voluntarily wish to participate and/or give permission for my/our child to participate in AHEAD With Horses, Inc. in Shadow Hills, California.

I/We agree voluntarily to hold harmless and indemnify AHEAD With Horses, the American Vaulting Association, all Board members, instructors, horse owners, agents, employees, property owners, and all entities, heirs and assigns associated with this program. I/WE UNDERSTAND AND ACCEPT THAT HELMETS ARE NOT USUALLY WORN DURING VAULTING AND THAT THERE ARE PHYSICAL RISKS INVOLVED IN ANY HORSE-RELATED ACTIVITY. Additionally, I/We hereby authorize any emergency treatment deemed necessary at no liability or expense to those named above.

I/We also agree to allow photographs, video, etc. to be taken of me/my child which may be for use for any purpose.

I/We understand that being in a public location has an inherit risk of exposure to COVID-19, even with all of the infection control measures that are in place at AHEAD With Horses, Inc. I/We understand that if I do not comply with their safety protocols, I will be asked to leave.

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

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