You only need to send this waiver with your entry if you have not entered any other 2018 trials held at Murieta (ABBA Dogs or Tjarks Productions).

Murieta Equestrian Center
Exhibit "B"
Assumption of Risk and Waiver

For valuable consideration and to induce permission to participate in canine activities held at Murieta Equestrian Center ("MEC"), 7200 Lone Pine Drive, Rancho Murieta, CA 95683, each of the undersigned agrees to the following terms and makes the following warranties:

I acknowledge that participating in canine activities, whether as a show participant or an audience member, is a HAZARDOUS RECREATION ACTIVITY with RISK of damage or PERSONAL INJURY, including PARALYSIS OR DEATH, to any person or property. Canines have the propensity to behave in ways that may result in injury, harm, or death to persons on or around the canine; have unpredictable reactions to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; are susceptible to certain hazards such as surface or subsurface conditions, collisions with other caniness or objects; propensities include kicking, biting, stamping, stumbling, rearing, and others; tack equipment can fail resulting in falling or loss of control; and activities have the potential of the participant(s) to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the canines or not acting within the participant's ability. Canine activities are INHERENTLY DANGEROUS. I understand this is not a complete description of all risks and that other unknown or unforeseeable hazards and risks of harm may occur.

With this in mind, I accept full responsibility for my own safety and EXPRESSLY ASSUME ALL RISKS OF HARM, whether foreseen or unforeseen while participating in canine activities at the Murieta Equestrian Center. **I am physically fit and know of no medical or health reason why I should not participate in this activity.**

I hereby RELEASE and agree to DEFEND, INDEMNIFY AND HOLD HARMLESS MEC, Cosumnes Corporation, Foxfarms, Inc., their shareholders, officers, employees, agents, instructors, equipment manufacturers, lessors, and insurers (hereinafter collectively referred to as "Parties Released"), from and against any liability, demand, claim, or right of action for any damage or injury, including paralysis or death, to any person or property, even if such damage or personal injury results from the NEGLIGENCE of MEC or other Parties Released. I further COVENANT NOT TO SUE or make any demand or claim against MEC or other Parties Released, for or by reason of any such damage or personal injury from my participation in canine activities at MEC. I will pay all fees, damages, and costs, including attorney fees that MEC or other Parties Released may incur in the enforcement of this agreement.

A signed liability waiver is a condition to your participation in any event. **Failure to sign will lead to your disqualification and removal from property.**
I have carefully read this document and fully understand its contents, which I adopt as a completely integrated and exclusive statement of the entire terms of agreement.

SIGNATURE: PRINTED NAME

ADDRESS: CITY STATE / ZIP

TELEPHONE NUMBER E-Mail Address

G**uardian Representation**:
If I am a PARENT or GUARDIAN of any minor person under 18 years of age participating in canine activities at MEC, I make these representations and agree to the terms of this Assumption of Risk and Waiver on behalf of each minor, as well as myself, and I agree to assume responsibility for their safety. I further agree to DEFEND, INDEMNIFY AND HOLD HARMLESS MEC, Cosumnes Corp., Foxfarms, Inc., and the other Parties Released from and against any demand, claim, right of action, or suit that may be brought on behalf of any such minor(s) arising from canine activities at Murieta Equestrian Center. I will pay all fees, damages, and costs, including attorney fees, that MEC or other Parties Released may incur in the enforcement of this agreement. My child is physically fit and I know of no medical or health reason why they should not participate in this activity. I intend this agreement to bind me and my family, my assigns, estate, heirs, and personal representatives. This contract is severable and shall be interpreted and enforced under the laws of the State of California.

I have carefully read this document and fully understand its contents, which I adopt as a completely integrated and exclusive statement of the entire terms of agreement.

PRINT FULL NAME OF MINOR CHILD DATE OF BIRTH PRINT PARENT/GUARDIAN FULL NAME

MINOR CHILD MO/DAY/YR ADDRESS CITY/ZIP

PARENT/ GUARDIAN SIGNATURE DATE

EMERGENCY TELEPHONE NUMBERS EVENING/ WEEKEND NUMBER