

Liability Release

For Handi-Riders permitting me (or my ward) to participate in the above stated activity, I understand and agree that situations may arise during the event which may go beyond the control of Handi-Riders, its volunteers, or other program participants.

FOR MYSELF, MY WARD, AND OUR PERSONAL REPRESENTATIVES, ASSIGNEES, HEIRS, AND NEXT OF KIN, OR ANY OF THEM, I AGREE TO RELEASE, FOREVER DISCHARGE AND NOT TO SUE HANDI-RIDERS, ITS DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AND AGENTS AND EACH OF THEM (COLLECTIVELY, "RELEASEES") FROM ANY AND ALL CLAIMS AND LIABILITY FOR ANY INJURY, LOSS, LIABILITY, DAMAGE, OR FEES, COSTS EXPENSES (COLLECTIVELY, THE "CLAIMS") HOWSOEVER SUFFERED OR INCURRED ARISING OUT OF OR IN ANY WAY IN CONNECTION WITH MY OR MY WARD'S PARTICIPATION IN HANDI-RIDERS' ACTIVITIES, ON ACCOUNT OF ANY INJURY TO MY PERSON OR PROPERTY OR MY DEATH ARISING OUT OF OR IN ANY WAY CONNECTED WITH MY PARTICIPATION IN ANY OF THE ACTIVITIES, WHETHER CAUSED BY THE ACTIVE OR PASSIVE NEGLIGENCE OF RELEASEES OR OTHERWISE, BUT EXCLUDING THE SOLE ACTIVE NEGLIGENCE OF RELEASEES. I AGREE TO DEFEND AND INDEMNIFY RELEASEES AND EACH OF THEM FROM ANY LOSS, LIABILITY, DAMAGE OR COSTS THEY OR ANY OF THEM MAY INCUR DUE TO ANY INJURY TO ME OR MY PROPERTY OR TO MY DEATH RESULTING FROM MY USE OF THE FACILITIES OR MY PARTICIPATION IN ANY ONE OR MORE OF THE ACTIVITIES, EXCLUDING THAT CAUSED BY THE SOLE ACTIVE NEGLIGENCE OF RELEASEES. Initial _____

If I (or my ward) file suit, it will be in Butte County, CA, and if the suit is unsuccessful, I agree to pay court costs and attorney fees for the defendants. **I HEREBY WAIVE ALL SUCH CLAIMS WHICH I NOW OR MAY HEREAFTER HAVE AGAINST THE ABOVE ENTITIES.** I have read and understand the above and agree to be bound by it.

Initial: _____

Assumption of Risks

By signing and/or initialing as appropriate you are agreeing to the following:

I have read the above statement of risks and I acknowledge that I am fully aware of and acquainted with the dangers and risks of the activity, and that I (or my ward) am of the appropriate skill level and physical condition to undertake the rigors of the activity. If I (or my ward) have any doubts of my physical or mental condition, we will seek medical advice. I have made a careful decision that I am willing to and hereby do accept and assume all risks for myself and my ward of the activity.

Initial: _____

I ASSUME ALL RISK OF INJURY, DEATH OR PROPERTY DAMAGE RESULTING FROM MY OR MY WARD'S PARTICIPATION IN ANY OF THE ACTIVITIES.

Important Note

BEFORE SIGNING, READ CAREFULLY THIS PAPER. DO NOT ENROLL YOURSELF OR YOUR CHILD UNTIL YOU FULLY UNDERSTAND THIS STATEMENT AND THE RISKS ASSOCIATED WITH THIS ACTIVITY. IF YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO ASK A STAFF MEMBER AT (530)533-5333.

I, ON MY OWN BEHALF (OR THAT OF MY WARD), HAVE READ CAREFULLY THIS FORM AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, A WAIVER OF CLAIMS, AN AGREEMENT NOT TO SUE, AND A CONTRACT BETWEEN ME AND HANDI-RIDERS, AND FOR THE BENEFIT OF ME AND OTHERS DESCRIBED HEREIN. I SIGN IT OF MY OWN FREE WILL.

Parent/Guardian

Date: _____

Rider/Participant/Ward (if over the age of 18)

Date: _____