Release of Liability

In consideration, Sioux Council, Boy Scouts of America, and all affiliated persons, sponsors, volunteers, and groups, collectively referred to as THE EQUINE ACTIVITY SPONSOR, permitting me or the below listed minor child to participate in equine activities, I have reviewed and expressly agree to the terms of this Release of Liability.

My signing of this Release of Liability reflects my understanding and acknowledgement that participating in Horsemanship Merit Badge, that includes Horseback riding activities on September 19th of 2020 at Sioux Council BSA Camp Iyataka, involves inherent risks of danger that can result in injury.

By participating in equine activities or by allowing the below listed minor child to participate in equine activities, I expressly accept complete and total responsibility for all risks of injury and injuries related thereto both on and off THE EQUINE ACTIVITY SPONSOR’S property.

My signing of this Release of Liability reflects my understanding and acknowledgement that the EQUINE ACTIVITY SPONSOR is not liable for any injuries to myself or to the below listed minor child resulting from our own negligence or willful or wanton acts, or from the negligent acts of THE EQUINE ACTIVITY SPONSOR.

By signing this Release of Liability, I promise and pledge that I will provide to THE EQUINE ACTIVITY SPONSOR a truthful and complete statement of my equine activity experience or the equine activity experience of the below listed minor child.

By signing this Release of Liability, I agree that while participating in equine activities, I or the below listed minor child will wear an ASTM/SEI certified safety helmet supplied by THE EQUINE ACTIVITY SPONSOR. Failure to wear this safety helmet while participating in equine activities will bar any and all claims against THE EQUINE ACTIVITY SPONSOR for damages arising from the equine activities.
By signing this Release of Liability, I expressly acknowledge that I have reviewed, understand and agree to all aspects of this Release of Liability.

_______________________________  _________________  __________________________
Equine Participant (Youth)       UNIT Number           Signature

_______________________________  ______________________
Street Address                     Date

_______________________________
City, State, Zip

(______)______________________
(Area Code) Phone Number

If the above equine participant is a minor child, under the age of 18 years old, the signature of a parent or legal guardian of the equine participant is required. By signing this release, I expressly acknowledge that I have reviewed, understand and agree to all aspects of this Release of Liability on behalf of the minor equine participant identified above.

_______________________________  __________________________
Equine Participant Parent or Guardian  Signature

_______________________________
Street Address                     Date