

**SILVER STATE BAPTIST YOUTH CAMP
PO BOX 181
SEDALIA, CO 80135
HORSE RIDE RELEASE FORM**

This agreement is entered into this _____ day of _____ 20__ between The Silver States Baptist Youth Camp and (participant) _____, a resident of (city & state) _____.

I acknowledge that horseback riding, hiking, and other outdoor activities have inherent risk, hazards, and dangers for anyone, that cannot be eliminated, particularly in a wilderness environment. I UNDERSTAND THAT THESE RISKS, HAZARDS, AND DANGERS INCLUDE WITHOUT LIMITATION:

1. The propensity of the animal to behave in ways that may result in injury, harm, disability, or death to persons on or around them;
2. The unpredictability of the animal's reaction to such things as sounds, sudden movement and unfamiliar objects, person, or other animals;
3. Certain hazards such as surface and sub-surface conditions;
4. Collision with other animals or objects;
5. The potential of the participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within his or her ability, I may encounter variations in terrain that are my responsibility and I assume these risks including creeks, water bridges, traveled roads, wild things, stumps, forest growth, debris, rocks, and cliffs, and other obstacles whether they are obvious or not obvious, man-made or natural;
6. Hiking in rugged country;
7. Encounters with wildlife, animals, and insects;
8. Temperatures extremes;
9. Inclement weather conditions and the unavailability of immediate medical attention in the wilderness in case of injury;

I understand the risk, hazards and dangers described above and have had the opportunity to discuss them. I understand that these activities may require good physical conditioning and a degree of skill and knowledge. I believe I have that good physical conditioning and the degree of skill and knowledge necessary for me to engage in these activities safely. I understand that I have responsibilities. My participation in this activity is purely voluntary. No one is forcing me to participate and I elect to participate in spite of the risks. I AM VOLUNTARILY USING THE SERVICES OF THE SILVER STATE BAPTIST YOUTH CAMP WITH FULL KNOWLEDGE OF THE INHERENT RISKS, HAZARDS, AND DANGERS INVOLVED AND HEREBY ASSUME AND ACCEPT ANY AND ALL RISKS OF INJURY, DISABILITY, PARALYSIS, OR DEATH.

Lastly, I, for myself, my heirs, successors, executors, and subrogees, hereby KNOWINGLY AND INTENTIONALLY WAIVE AND RELEASE, INDEMNIFY AND HOLD HARMLESS THE SILVER STATE BAPTIST YOUTH CAMP, their directors, officers, agents, employees, and volunteers from and against any and all claims, actions, causes of action, liabilities, suits, expenses (including reasonable attorneys' fees) which are related to, arise out of, or are in any way connected with my participation in this activity including, but not limited to NEGLIGENCE of any kind or nature, whether foreseen or unforeseen, arising directly or indirectly out of any damage, loss, injury, disability, paralysis, or death to me or my property as a result of my engaging in these activities or the use of these services, animals, or equipment, whether such damage, loss, injury, paralysis, or death results from negligence of The Silver State Baptist Youth Camp or from some other cause. I, for myself, my heirs, successors, executors, and subrogees further agree not to sue The Silver State Baptist Youth Camp as a result of any injury, disability, paralysis, or death suffered in connection with my use and participation in the activities of The Silver State Baptist Youth Camp.

Camper Print Name	Date	Parent Print name	Date
Camper signature if over 18	Date	X Parent Signature	Date

(PLEASE FILL OUT BOTH SIDES OF THIS APPLICATION)