



PIIHOLO STABLES

PARTICIPANTS HOLD HARMLESS AGREEMENT

THIS RELEASE CONTAINS IMPORTANT LIMITATIONS OF LEGAL LIABILITY

The undersigned states as follows: I acknowledge that competitive and pleasure horse riding contains inherent risks of injury and damage to me personally, and to my equipment. Knowing these facts, I nevertheless, in consideration to your acceptance of this form, hereby for myself, my heirs, executors, and administrators, waive, release, and discharge and hold harmless PIIHOLO STABLES, MYOSEI Inc., it's owners, directors, officers, employees and all individual members thereof and all other persons and organizations, in any way connected with the events, property, boarding, lessons or any other activity described herein, their representatives, heirs executors administrators, and assignees from any and all right, claim or liability for damages or for any and all injuries that might be sustained by me including injuries to animals or from any and all claims of any kind of nature that I might have as a result of, or arising out of my participation in any activity. Further, I do hereby acknowledge that this release will extend to any accidents, damages, or claims arising out of my participation, caused by my own act or the acts of anyone or any animal within my control. I further agree that I will defend, indemnify, and hold harmless Piiholo Stables, MYOSEI Inc., it's owners, directors, officers, members, and agents or any of them against all claims, demands and causes of action including court costs, and attorney fees, directly or indirectly rising from any action or other proceeding brought by, prosecuted for my benefit, contrary to this release extended to all claims of every kind and nature what-so-ever.

Warning

Under Hawaii law an equine activity sponsor or equine professional is not liable for an injury to, or the death of, a participant of equine activities resulting from the inherent risk of equine activities.
HRS 663-B

Exhibitor/Rider signature: _____

Date: _____

Parent/Guardian signature: _____

Date: _____

Phone #'s: _____

Medical Authorization: _____

Doctor _____ Phone: _____