

# STILLAGUAMISH VALLEY HORSEMEN RELEASE AND WAIVER OF LIABILITY AGREEMENT

I \_\_\_\_\_, acknowledge that I will be participating as a volunteer and/or participant in the Stillaguamish Valley Horsemen (SVH) Winter gaming series, October 2023 thru April 2024, at the BLT Arena.

I AM AWARE OF THE COVID-19 PANDEMIC AND RELATED GOVERNMENTAL ORDERS, DIRECTIVES AND GUIDELINS (COLLECTIVELY "Directives") INCLUDING DIRECTIVES FOR FREQUENT HAND WASHING, SOCIAL DISTANCING AND USE OF FACE MASKS IN PUBLIC LOCATIONS. I AM AWARE THAT THESE ACTIVITIES ARE OCCURRING IN A PUBLIC LOCATION DURING THE COVID-19 PANDEMEC, AND ALSO POTENTIALLY INVOLVE LIVESTOCK AND ARE THEREFORE HAZARDOUS ACTIVITIES. I AM AWARE THAT I COULD BE INFECTED, SERIOUSLY INJURED OR EVEN DIE DUE TO COVID-19 OR DUE TO THE ACTIVITIES ON THE PREMISIS INCLUDING BUT NOT LIMITED TTO EXHIBITOR AND LIVESTOCK ACTIVITIES, I AM VOLUNTARILY PARTICIPATING IN THESE ACTIITIES WITH THE KNOWLEDGE OF THE DANGER INVOLVED AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

I verify this statement by placing my initials here: \_\_\_\_\_ Parent or Guardian’s initials of volunteer, staff or participants under 18 years of age: \_\_\_\_\_

As consideration for being permitted to participate in these activities and use of Facilities, I forever release the Governing Body, the State, the Department and any District affiliated organization, along with their respective directors, officers, employees, volunteers agents, contractors and representatives ( collectively "Releasees" \_ from any and all liabilities, causes of action, lawsuits, claims, demands or damages of any kind whatsoever that I, my assignees, heirs, distributes, guardian’s, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death or property damage, related to ( i ) my participation in these activities ( ii ) the negligence or other acts of any Releasee, whether directly connected to these activities or not, and however caused, or ( iii ) the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, distributes, guardian’s, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with and of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS, I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSENF AND THE DISTRICT, THE STATE AND THE DEPARTMENT, AND SIGN IT OF MY OWN FREE WILL.

I AFFIRM THAT BY ENTERING MY NAME AND SUBMITTING THIS FORM CONSTITUTES AN ELECTRONIC SIGNATURE OF THE FORM,

If you are under 18 years of age, you and your parents or guardian must sign and initial this form where indicated.

PARTICIPANT/RELEASOR Print Name PARTICIPANT/RELEASOR Print Name PARTICIPANT/RELEASOR Print Name

\_\_\_\_\_  
Signature Signature Signature

\_\_\_\_\_  
Date Date Date

\_\_\_\_\_  
Address Address Address

\_\_\_\_\_  
Address Address Address

\_\_\_\_\_  
Address Address Address

Parent or Guardian Signature \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

# BLT STABLES

21711 Waite Mille Road  
Granite Falls, Washington  
(360) 691-5224

## HOLD HARMLESS AGREEMENT

I, \_\_\_\_\_ (Indemnitor), hereby agree that:

1. In any farm or ranch environment there are inherent risks associated with proximity to horses, livestock, pets, and/or wildlife, including flora and fauna of whatever kind, type or nature.
2. In granting me use of or access to ranch premises, BLT, their agents, employees, contractors, is neither express guarantors of my welfare or safety.
3. Risk exposure may occur anytime, anywhere at or near BLT, including but not limited to its grounds, roads, structures, equipment and/or facilities.
4. I will provide and utilize protective gear (e.g. boots, gloves, riding helmet, hardhat, etc.) whenever engaged in any activity consistent with application industry(s) standards and practices, specific to protective gear requirements.
5. In case of emergency, I hereby waive all rights of informed consent and agree that BLT may, at its sole discretion, take any and all action deemed necessary to prevent or mitigate loss of life, personal injury, or property damage, including but not limited to (a) Emergency medical care, e.g. first aid, and Cardio-Pulmonary Resuscitation (CPR) (b) Transport by ambulance of aid unit to a medical facility for treatment and (c) Medical, surgical, and/or hospital when deemed immediately necessary or advisable. All costs associated with discretionary BLT medical intervention shall be for my account.
6. For myself, heirs, agents, assigns, and/or other(s) in my care, custody, or control, I do indemnify and hold harmless BLT Stables from any and every claim, demand, action or right of action of whatever kind, dismemberment, loss, or damage to person(s) or property, as may directly or proximately related to my use of or access to BLT Stables.
7. This Agreement shall be construed as broadly and inclusively as permitted by the laws of the State of Washington. If a court or governing regulatory entity finds any provision herein invalid or unenforceable, such determination shall not void the remainder of the Agreement. Further, if a court or governing regulatory entity determines that said provision is rendered valid and enforceable by specific edit or limit, said edit or limit shall be deemed incorporated into this Agreement.
8. Agreed venue for any dispute or claim arising out of or relating to this Agreement shall be in the Superior Court of Snohomish County, Washington, which shall have exclusive jurisdiction over the dispute or claim and to which jurisdiction all parties hereby submit. Either party may seek redress through binding arbitration, waiving trial by jury or by court. Both parties shall make such reasonable disclosure of Agreement terms and conditions as may be deemed necessary to full compliance with the Law.

I understand that terms herein are contractual and not a mere recital. I have fully informed myself of the contents of this Agreement, have read it thoroughly, and hereby certify that I sign it of my own volition.

I affirm that entering my Name and submitting this form constitutes an electronic signature of this form

Signed at Granite Falls, Washington this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Indemnitor Signature \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_