CAROUSEL PARK EQUESTRIAN CENTER Release Forms

DATE BLOOD DRAWN ON CURRENT NEGATIVE COGGINS AND ACCESSION NUMBER:_____ (Must be filled in to ride on Carousel property)

Photo Release:

(Circle One) I Do

Do Not
Consent to and authorize the use and reproduction by New Castle County of any and all photographs and any other audio/visual materials taken of me/the minor for promotional material, educational activities, and exhibitions for the benefit of New Castle County.

Signature (Parent/Guardian if under 18) _____ Date_____

PARTICIPANT LIABILITY RELEASE AGREEEMENT ("AGREEMENT")

As a participant or parent or legal guardian of a participant ("I"), I hereby acknowledge and understand that horseback riding and being around horses are dangerous activities which can result in injury and death. I agree that I or my heirs, assigns, or next of kin will not sue or make a claim against NEW CASTLE COUNTY, its officials, employees, agents, licensees and/or volunteers (collectively the "RELEASED PARTIES") for injuries and/or damages that may occur as a result of the participant's involvement in horseback riding, horseback riding instruction, handling, or being on or near horses or ponies on the property of CAROUSEL PARK, or any other activity in which I may participate at CAROUSEL PARK. I hereby release, indemnify, and hold harmless the RELEASED PARTIES from all losses, damages, judgments, costs, and attorneys' fees that may occur as a result of injury to the participant or his or her involvement in activities at CAROUSEL PARK and related claims by any parties, even if arising from the negligence of the RELEASED PARTIES. I have read all applicable rules regarding protective equipment, and I understand that I am required to wear protective equipment, although I understand that no protective equipment can guard against all injuries. I understand that risks are involved in riding, handling, or being on or near horses and ponies (including, but not limited to falling off of a horse or being kicked by a horse), and by signing this agreement, I take full responsibility in the event of any injury. I have read this agreement carefully, and I understand the risks involved and agree to assume them. I sign this agreement voluntarily and with full knowledge of its significance.

WARNING: PURSUANT TO DELAWARE LAW, 10 DELAWARE CODE §8140, AN EQUINE PROFESSIONAL AND/OR EQUINE ACTIVITY SPONSOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES. Moreover, governmental entities and their employees shall be immune from tort claims seeking recovery of damages pursuant to 10 Del. C. § 4011, et seq.

_____ _____ Signature (Parent/Guardian if under 18) Date Witness (Signature) Date

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Signature – New Castle County Date

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Cross County/Trail Riders
Please register at BARN OFFICE on the weekends and after 4:00 PM during the week. $25.00 fee required per rider/per day
Fee, Current Coggins (enter date and accession number above) and Waivers Required to Ride

The undersigned, having provided all pertinent information and executed a hold harmless waiver (parent or guardian signature required for riders under 18 years of age), is permitted to ride on horseback during park hours (dawn to dusk) on the date indicated below. All riders understand and agree that they are riding at their own risk and will exercise all appropriate care and caution, regarding themselves, others in their parties, and general park users. Riders are strongly encouraged to wear approved safety headgear (riding helmet) at all times on horseback.

Rider name: _____EMAIL (for event and course updates):_____ Address: _____ City/State/Zip: _____

Your Phone: _____ Emergency Contact: _____ Riding Date: _____

Cell Phone: _____ EMERGENCY Phone: _____ Fee paid: $25.00 □cash □check

Signature: _____Parent/Guardian (required if rider under 18) Carousel Employee: _____