

RELEASE, WAIVER, AND WORK AGREEMENT FOR MINORS

Name of Minor Worker

Assumption of Risk

As the parent or guardian of the below named minor or dependent, I assume full responsibility for the decision for my child/legal dependent to work the events at Fox Hollow Rodeo. I acknowledge that participation by my dependent in the activities listed above may entail known and unanticipated risks, which could result in physical injury, death or property damage. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activity. These risks may also occur as a result of my dependents own actions, inactions or negligence, as well as actions, inactions or negligence of others, weather conditions, condition of equipment, condition of the facilities and grounds, natural disaster, and any first aid emergency treatment which may be administered. There may also be other risks that are not foreseeable at this time.

Release

As part of the consideration for my dependent participating in the activities identified above, I release, discharge, and hold harmless Fox Hollow Rodeo, its owner, any director, officer, employee, or any person acting in any capacity on their behalf (hereinafter collectively referred to as "FHR") from all demands, causes of action, suits, contracts, agreements, obligations, covenants, defenses, costs, liabilities and judgements, whatsoever, known or unknown, suspected or unsuspected, in contract or in tort, in law or in equity, which I might have against FHR, arising from my child/dependent's participation in the Programs.

Waiver and Indemnification

I hereby waive all claims and demands against FHR for any loss, damage, injury (including death) or claim of any kind arising from, related to or caused by my dependent's participation in Fox Hollow Rodeo Events and agree to indemnify, defend, and hold harmless FHR from all loss, liability, damages, costs, and expenses (including actual attorney's fees) arising from or related to same.

Photography/Video

I am permitting my dependent to participate, I understand that my dependent's photograph/video may appear in publicity or brochures marketing FHR programs and facilities. I understand that there are no rights granted to me or my dependents to inspect or approve photographs/video prior to publication.

Terms

I have read this Agreement and agree to be bound by its terms. This Agreement shall be effective for all Fox Hollow Rodeo activities in which my dependent participates for a period of no less than 14 months from the date signed. By signing this agreement, I understand that my child can participate in these events in my absence unless specifically noted in writing and excluded by parent/legal guardian on this waiver.

I FREELY EXECUTE THIS DOCUMENT:

PARENT/LEGAL GUARDIAN NAME (please print) SIGNATURE DATE

STREET ADDRESS CITY, STATE, ZIP EMERGENCY PHONE #

FOX HOLLOW STAFF WITNESS DATE

** Note: This form must be notarized if the parent/guardian will not be accompanying the minor child to the event to sign the waiver in the presence of Fox Hollow Rodeo authorized staff.

Subscribed to and sworn before me this Day of Year

Notary Public My Commission Expires (Notary Seal)