

**Lead, Follow or Get Out of My Way @
McDowell Mountain Park
Saturday November 17, 2012
AERC Sanctioned ride 30/50/75 Miles
Trail Ride 12 mile**

Participant Release Form

I wish to enter and participate in the Lead, Follow or Get Out of My Way ride to be held on November 17, 2012. I have read and understand the rules, condition and regulations of this event and I hereby promise to comply with them. In consideration of acceptance of my entry in this endurance ride. I acknowledge that I assume full responsibility for my own safety. I hereby, for myself, my heirs, and my personal representatives, release any person and McDowell Mountain Regional Park from all liability for personal injury or property damage arising from any cause whatsoever, including the negligence of the persons released and I hereby waive any right I may have now or in the future, to assert claims for personal injury or property damage against any of the persons or corporations, heirs, and assigns from liability for personal injury and property damage, and I waive my rights for claims for personal injury or damages against these persons or corporations including: McDowell Mountain Regional Park, AERC, and all ride staff.

Date_____

Participant name:_____Signature:_____

Emergency Contact:_____Telephone#:_____

Minor Release:

MINORS MUST HAVE THE FOLLOWING SECTION SIGNED BY THEIR PARENT OR GUARDIAN IF UNDER 18 YEARS OF AGE.

We, the undersigned parent or guardian of _____for and in consideration of our child's participation in the above referenced ride, do hereby release the following persons, corporation, heirs and assigns from liability for personal injury and property damage, and I waive my rights for claims for personal injury or damage against these persons or corporations including: McDowell Mountain Regional Park, AERC, and all persons under such child's direction and control. We do further authorize any officer, manager, supervisor, or emergency personnel affiliated with the above reference ride, to consent in our behalf to any emergency medical treatment by a properly licensed person may be required for our child, and do agree to be responsible for any related medical costs that may be incurred for the treatment of my child or their horse.

Name of Junior Rider:_____Age:_____Birthdate:_____

Parent/Guardian Name:_____Signature:_____