



WILD ONES YOUTH RANCH

STAMPEDE



Wild Ones Youth Ranch • PO Box 677 • Junction City, OR 97448

Please print clearly and fill out this form for each individual participating in Event activities.

PARTICIPANT NAME: _____ LAST NAME: _____

Age of participant: _____ Email _____

Emergency Contact Info

First Name _____ Last Name: _____

Phone#: (_____) _____ - _____

Relationship to participant _____

PHOTO RELEASE: I/WE RELEASE: all rights to photos taken of myself or the above mentioned participant for future use by Wild Ones Youth Ranch, its staff, founders, and/or Board of Directors in ranch publications, videos, books, newsletters, or other media.

SAFETY AGREEMENT: I/WE AGREE: to stay out of all barns, paddocks, corrals, tack-rooms, pastures and all other non-office related buildings, as well as posted off-limit that are not part of the designated event course.

LIABILITY RELEASE: I / WE AGREE THAT: In consideration of WOYR allowing my participation in this activity, under the terms set forth herein, I, the participant, for myself and on behalf of my child and / or legal ward, heirs, administrators, personal representatives or assigns, do agree to release, hold harmless, and discharge WOYR, its owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises and trails, affiliated organizations, and insurers, and others acting on their behalf (herein after, collectively referred to as "associates"), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to WOYR's and / or ITS ASSOCIATE'S ordinary negligence or legal liability; and I do further agree that except in the event of WOYR's gross negligence and / or willful and / or wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action, against WOYR and ITS ASSOCIATES as stated above in this clause, for any economic and noneconomic losses due to bodily injury and / or death and / or property damage, sustained by me and / or my minor child or legal ward in relation to the premises and operations of WOYR, to include while participating before, during, or after the event, whether on or off the premises of WOYR, but not limited to being on WOYR'S premises.

All Participants and/or Legal Guardians* must sign below after reading this entire document.

SIGNER STATEMENT OF AWARENESS: I / WE, THE UNDERSIGNED, REPRESENT THAT I/ WE HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENTS, LIABILITY RELEASE AND ASSUMPTION OR RISK AGREEMENTS, I / WE HAVE READ, UNDERSTAND AND AGREE TO THE WOYR DASH WAIVER AS WELL AS THIS HOLD HARMLESS FORM, I / WE UNDERSTAND THAT BY SIGNING THIS DOCUMENT I AM GIVING UP RIGHTS TO SUE TODAY AND IN THE FUTURE. I / WE ATTEST THAT ALL FACTS ARE TRUE AND ACCURATE. I AM SIGNING THIS WHILE OF SOUND MIND AND NOT SUFFERING FROM SHOCK, OR UNDER THE INFLUENCE OF ALCOHOL, DRUGS OR INTOXICANTS.

Signature of Participant (required for anyone 13 and over) Date

Signature of Legal Guardian* (required for anyone under 18) Date