

## REQUEST TO PARTICIPATE AND RELEASE

I hereby request permission to participate in recreational activities including horseback riding (activity). I understand that participation in recreational activities including horseback riding (activity) is an inherently dangerous activity. Risks include, but are not limited to, property damage or destruction, serious physical injury and/or death.

In exchange for the opportunity to participate in recreational activities including horseback riding (activity), I do hereby, for myself, my heirs, personal representatives and assigns release and discharge The Event at Archer (Vendor), its employees owners and agents, and Laramie County, its elected and appointed officials, their employees, volunteers, and agents from all actions, causes of action, damages, claims or demands for all known or unknown personal injuries, property damage or death resulting from or arising out of my participation in the above described activity or events. Laramie County does not waive its Governmental/ Sovereign Immunity, as provided by any applicable law including W.S. § 1-39-101 et seq., and fully retains all immunities and defenses provided by law for any action, whether in tort, contract or any other theory of law.

By my signature below, I certify and warrant that I have read and fully understand the foregoing statements and Release and that I have read and agree to abide by any and all rules and instructions from The Event at Archer governing participation in recreational activities including horseback riding.

I am signing this REQUEST TO PARTICIPATE AND RELEASE, voluntarily and without coercion and in consideration of the permission to participate and/or any other consideration provided to me in connection with the activities and or events described herein. I further certify that I am 18 years of age or older. If I am a minor, my parent or guardian, by signature below, fully participates in and acknowledges the contents and effect of this waiver and release on my behalf.

---

Participant

Date

---

Please Print your name legibly

---

Parent/Guardian of Participant

Date