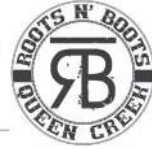




Friends of  
A 501(c)(3) charitable organization

Horseshoe Park  
P.O. Box 1062 | Queen Creek, AZ 85142  
www.FriendsOfHorseshoePark.org

doing business as  
**ROOTS N' BOOTS**  
**Queen Creek**  
More than a rodeo!



## Activity Waiver/Release Form – Minor

This waiver is not a participation application, but rather a waiver and release form. In return for the Friends of Horseshoe Park's acceptance of this waiver and their permission to participate, I or my authorized representative agree to the following terms:

I hereby, for myself, my heirs, executors, administrators and assigns do forever release, waive, and/or discharge any and all rights and claim for damages that may be suffered by me as a result of my preparation for, participation in, and/or traveling to and from the event.

I recognize the risks associated with my participation in the event and specifically agree to indemnify and hold harmless the Town of Queen Creek, Arizona, a municipal corporation, including any members of the governing body of the Town, or any member of any board and/or commission of the Town, and/or any employee of the Town, as well as Friends of Horseshoe Park, and/or any promoter, sponsor, or subcontractor whose facilities and/or services are being used for this event, from any and all injuries or damages arising from or associated with my participation in this event. I further certify that I have no physical impairment or defect, whether latent or patent, that should preclude my participation in the event.

I understand that the activities available at Roots N' Boots Queen Creek are physical in nature and may or may not involve animals, may be performed individually or in teams, can require running and that I or my minor may withdraw at any time.

Participants Name (Please Print):

\_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Parental approval required for participants under the age of eighteen (18) years.

I, the parent, guardian, or legal custodian of the minor person(s) listed above do hereby assent to the above waiver/release and agree to all terms as stated above.

Parent/Guardian Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Emergency Contact Phone: ( ) \_\_\_\_\_

I am of lawful age and am legally competent and authorized to sign this agreement for and on behalf of the participant. Furthermore, I give consent for emergency treatment. The undersigned also agrees and gives the Town of Queen Creek and Friends of Horseshoe Park permission to photograph and/or videotape him/herself and/or his/her child, and that such images may be published at the discretion of Friends of Horseshoe Park, in whatever outlet deemed appropriate to promote or publicize Friends of Horseshoe Park programs.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date