



**RELEASE OF LIABILITY**  
**ACKNOWLEDGEMENT AND ACCEPTANCE OF DANGERS, RISKS AND HAZARDS OF RODEO ACTIVITIES ON**  
**THE CITY OF SMITHVILLE VERNON RICHARDS RIVERBEND PARK PREMISES**

*Under Texas Law, Chapter 87, Civil Practice & Remedies Code, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.*

I, the undersigned authority of this membership, hereby acknowledge that I have knowingly and willingly entered an agreement with the Smithville Youth Rodeo Association, hereafter referred to as SYRA, becoming a party bound by the terms and conditions of this agreement by and between the SYRA and the below stated members. By signing and dating below, I am in agreement with and fully understand the terms, provisions, and conditions of this agreement and waiver, its warnings, and agree to abide by its terms, provisions, and conditions.

I/We, as participant and/or parent/legal guardian(s) of minor participant(s) under the age of 18, who has signed this release, upon my oath, depose and say that below stated member(s) is/are capable rodeo performer(s) and hereby give my permission for them to partake in any event/activity of the SYRA.

By signing below, I hereby release the SYRA and its officers, directors, workers, stock contractors, sponsors, Vernon Richards Riverbend Park, the City of Smithville, and the respective heirs, agents, representatives, successors or assigns of each entity or organization from liability for any and all property damage, personal injuries / death, or other claims arising from participation in SYRA events/activities.

This document serves to warn me that dangerous conditions, risks, and hazards do exist. I/We, the stated members understand and agree that my/our presence and/or participation in activities at Vernon Richards Riverbend Park exposes myself/ourselves and my/our property to dangerous conditions, risks, and hazards including but not limited to: poisonous snakes, insects, spiders, buildings, gates, and improvements, whether or not erected by SYRA; erosion and general land conditions; animals, both wild and domestic, that may be diseased and/or potentially dangerous; and any other unforeseen act of man or nature which may be hazardous and life threatening to myself/ourselves or my/our property.

By signing below, I hereby acknowledge and agree that I/we am/are aware of these facts and expressly assume all such dangers, risks, and hazards associated with them, and agree to hold SYRA harmless from these conditions whether or not injury or death to a listed member or my/our property are caused.

This release applies during the time that stated members are permitted on the arena/park premises. I hereby further covenant and agree that said members, their heirs, successors and assigns, will not make any claim or institute any suit or action at law or in equity against SYRA, the City of Smithville, their respective heirs, agents, representatives, successors, or assigns by reason of conditions of the arena or park premises, or any activities occurring thereon, whether or not caused by their negligence.

**SIGNATURE & PRINTED NAME OF PARENT/LEGAL GUARDIAN(s) or INDIVIDUAL MEMBER (over age 18):**

\_\_\_\_\_

Annual Membership Dues (Jan 1 – Dec 31): \_\_\_\_\_ \$20 (includes 1 child) \_\_\_\_\_ + each addl participant \$10

PERSONS TO BE INCLUDED ON MEMBERSHIP: (list more on back if needed)

Parent/Guardian(s) or Individual Member \_\_\_\_\_

Minor Members	Date of Birth	Age (as of Jan 1 of current year)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Mailing Address: \_\_\_\_\_  
Street City, State, Zip

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

***Copy of current negative Coggins test must be presented for ALL horses that enter park premise. Also provide a copy of each child's birth certificate.***  
 COGGINS #: \_\_\_\_\_  
 BIRTH CERTIFICATE(s) VERIFIED: \_\_\_\_\_  
 Verified by: \_\_\_\_\_ Initials

In an effort to keep administrative costs low, we send communications via email. Please provide your email address for all SYRA communications.  
**Email:** \_\_\_\_\_  
 Check here...If you do not have email and prefer all correspondence be mailed to the address you provided above.