



Arabian Horse Association of Arizona

P. O. Box 13865, Scottsdale, AZ, 85267 (480) 515-1500 Fax: (480) 515-1122

City of Scottsdale WestWorld Liability Release Agreement

In consideration for admittance into WestWorld Equestrian Center (WestWorld) and the use of its facilities, the undersigned hereby releases the City of Scottsdale, United States Bureau of Reclamation, any employees or authorized agents & the Arabian Horse Association of Arizona from any liability arising from any personal injury or damage to property sustained by the undersigned while using the facilities, services, equipment, and/or horses of WestWorld, whether or not such personal injury or property damage is due to the negligence of WestWorld. The undersigned hereby waives the right to sue, claim or any cause of action resulting from any such personal injury or property damage, whether or not such injury is due to the negligence of WestWorld.

In no event the undersigned hold WestWorld liable for any incidental or consequential damages incurred by the undersigned in connection with the use of the facilities, services, equipment, and/or horses provided by WestWorld, whether or not such damages are due to the negligence of WestWorld.

The undersigned assumes responsibility for any personal injury or property damages incurred by him/her and his/her guests, even if such injury or property damage is due to the negligence of WestWorld, and the undersigned agrees to indemnify and hold WestWorld harmless from any and all liabilities, damages, expenses, actions, claims or costs (including attorney's fees) arising from any such injury or property damage suffered by the undersigned or his/her guests during their use of WestWorld.

The City of Scottsdale, United States Bureau of Reclamation, Arabian Horse Association of Arizona and any employees or authorized agents are in no way responsible for the care, custody, and control of any animal, vehicle, or equipment while at WestWorld.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE TERMS OF THIS RELEASE AND ACCEPT THE TERMS THEREOF:

Date: _____ Signature: _____

Name _____

Address _____

Phone: _____

Emergency Phone: _____