



**San Mateo County Sheriff MSAR Unit
Search and Rescue Training and Sensory Clinic
Application and Waivers**



Participant's information:

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ Cell Number: _____

Date of Birth (must be 18 year of age or older): _____

E-mail Address: _____

Emergency Information:

In the event of an emergency, please provide the following:

Name of person to notify: _____

Phone: _____ Alt Phone: _____

Name of person to take responsibility for your horse (if different from above): _____

Phone: _____ Alt Phone: _____

Any specific instructions you want to share with emergency providers (ie. Drug allergies, hospital preference etc.): _____

Clinic Information:

Are you camping on-site? Yes No

For overnight camping, will your horse be (circle one): Tied to Trailer Kept in your portable corral
Other: _____

Are you traveling with someone to the clinic and will separating your horses be an issue? Yes No
If yes, please give the name of the other participant: _____

Are you attending Saturday's wild game bar-b-que dinner (included in price)? Yes No

Your size in men's t-shirt (circle one): Small Med Large X-Large XX-Large

If you are a member of an out of county MSAR unit or Law Enforcement Agency, what is the name of your unit? _____

Riding Experience:

Your riding skill level (circle one):

Intermediate (1-5 yrs experience)

Advanced (more than 5 years of experience)

How many hours per week do you ride? _____ in an arena _____ on trails

Describe the type of riding you do (ie. Trails, jumping, shows, endurance, competitive trail, group trail rides, etc.): _____

Your Horse's Information:

Describe the horse you will be riding:

Name: _____

Age (must be at least 5 years old): _____

Gender (no stallions): _____

Breed: _____

How long have you owned or leased this horse? _____

Describe level of training: _____

Riding style (circle one): Western English

Any vices (circle as many as apply)? Bucking Kicking Biting Rearing Spinning Jigging

Other problems or vices: _____

What is the largest group your horse has ridden in: None 1-2 horses 3-4 horses 5+horses

Clinic Participation Fee:

General Public - \$225 if paid before May 7th (\$240 if paid after May 7th)..... \$ _____

Out of County MSAR or LE -\$210 if paid before May 7th (\$225 if paid after May 7th).... \$ _____

SMC MSAR - \$160 if paid before May 7th (\$175 if paid after May 7th)..... \$ _____

Auditor fee - \$50 if paid before May 7th (\$65 if paid after May 7th)..... \$ _____

Please mail this application, the two waivers (signed) and a check (made out to SMC MSAR) to:

Kelley Hix
PO Box 370427
Montara, CA 94037

"A reservation made is a reservation paid." Please reserve your spot early to ensure your place in the clinic!

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**RELEASE, WAIVER OF ALL LIABILITY
AND HOLD HARMLESS AGREEMENT
FOR
PERMISSION TO ENTER PREMISES**

SINCE HORSE RIDING AND BEING AROUND HORSES AND CATTLE IS INHERENTLY DANGEROUS, WE REQUIRE ALL VISITORS, RESIDENTS, AND RIDERS TO ASSUME ALL RISKS OF USING THE FACILITIES AT DRISCOLL RANCHES IN LA HONDA, CALIFORNIA BY SIGNING THIS GENERAL RELEASE AGREEMENT.

You have requested permission to enter Driscoll Ranches and to use portions of the premises for recreational and/or horse riding purposes and the privilege of riding and/or walking around the horses or cattle at Driscoll Ranches. You acknowledge there are unavoidable risks inherent in all horse-related activities, including but not limited to bodily injury and physical harm to horse, rider, walker, hiker and spectator, and damage to personal and private property.

You therefore agree for yourself, your personal representative, assign, heirs and next of kin as follows (please initial next to each number):

- _____ 1. **You are fully aware of the risks and hazards inherent in entering upon the property located at Driscoll Ranches and in riding, walking, hiking and/or spectating, and you hereby elect voluntarily to enter upon the premises knowing that the condition of the premises may be hazardous or dangerous and you voluntarily assume all risks of loss, damage, or injury which may be sustained by you while on the premises.**
- _____ 2. **The owners of Driscoll Ranches shall not be responsible to you, or to any other person, for any damage to or loss of any property or injury or death of any person arising directly or indirectly or related to or connected to the use maintenance or occupancy of Driscoll Ranches or your use thereof.**
- _____ 3. **You agree and hereby Release, Waive, Discharge and Covenant not to sue the owners of Driscoll Ranches, its agents, officers, employees and representatives and to indemnify and hold them harmless from any and all claims, demands or liability for any damage, loss, injury, illness or death which may occur in connection with your use of the property and to release the owners of Driscoll Ranches, its agents, officers, employees and representative from any such liability or responsibility to you, any horse or animal owned by you, or to any family member or spectator accompanying you onto the Driscoll Ranches property, whether such injury was caused by the negligence of the owners of Driscoll Ranches or otherwise.**
- _____ 4. **You further agree to pay promptly to the owners of Driscoll Ranches for any damage or loss to the property caused by you or your use of the property.**

I UNDERSTAND THAT THE OWNERS OF DRISCOLL RANCHES HAS RELIED ON MY ENTERING INTO THIS RELEASE IN PERMITTING ME ON THE PREMISES. I HAVE READ, UNDERSTAND AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF ALL LIABILITY AND HOLD HARMLESS AGREEMENT.

Print Name

Signature

Date

Parent or Guardian signature is required for anyone under 18 years of age:

Parent/Guardian

Signature

Date

RIDING INSTRUCTION AGREEMENT AND WAIVER

By signature below, it is hereby declared and agreed between Donald Criswell, Casey Terribilini, the instruction staff of the San Mateo County Sheriff's Mounted Search and Rescue Team (Herein identified as "MSAR"), their assistants and _____ (Herein identified as "the Student") that the Student will participate in an equestrian clinic and equestrian training and education classes, including riding and handling of horses. The Student states as follows:

"I understand and acknowledge that horseback riding contains inherent risks of injury or death and damage to me personally, to my horse, and to my equipment, caused by my own negligence or the negligence of others.

"Knowing these facts, I nevertheless, in consideration of the acceptance of this Agreement hereby and on behalf of myself, my heirs, my executors and my administrators waive, release and discharge Donald Criswell, Casey Terribilini, MSAR, and their assistants from any and all rights, claims or liability for damages or for any and all injuries that might be sustained by me, including injuries to animals, and from any and all claims of any kind of nature that I might have as a result of, or arising from, receiving riding instruction, training, or advice received in this class.

"Further, I do hereby acknowledge that this release will extend to any accidents, damages, or claims arising out of my own acts or the acts of any horse subject to and/or under my use or control or actions.

"I further agree that I will defend, indemnify and hold harmless Donald Criswell, Casey Terribilini, MSAR, and their assistants against all claims, demands and causes of action, including court costs, attorney and legal fees, directly or indirectly arising from any actions or other proceedings, brought by or prosecuted for my benefit contrary to this Riding Instruction Agreement and Waiver, and extending to all claims of any kind and nature whatsoever, whether known or unknown, and I expressly waive any benefits that I may have under the Civil Code of the State of California relating to the release of unknown claims."

By my signature I acknowledge that I state and have read the foregoing and know and understand the contents thereof.

Signed: _____
Student

Date: _____