

**MOAB CANYONS ENDURANCE RIDE  
WAIVER, ACKNOWLEDGEMENT OF RISK &  
MEDICAL & LEGAL RELEASE**

**READ Carefully, this pertains to you. Ask if you have questions!!!  
This is a legal document**

**MOAB CANYONS ENDURANCE RIDE WAIVER CONTRACT:** As a participant in the Moab Canyons Endurance Ride, I understand that my safety and the safety of other participants and workers are dependent upon my own ability and judgment. I understand that endurance riding involves riding in remote areas, encountering all kinds of motorized vehicles, mountain bikes, hikers, and being in the mountains and or desert for long periods, out of communication, in strange places, and possibly under adverse weather conditions. I further understand that my judgment could result in injury to myself or my horse. I understand that professional medical attention is not available on the trail, and that considerable delays are likely to be encountered in rescue and treatment of injured riders and their horses. I understand that horseback riding involves risk and I ride at my own risk. I understand that endurance riding is a hazardous activity, which often involves being in remote areas far from medical aid. I agree to take full responsibility for my safety and wellbeing, for my horse's safety and wellbeing, and will not commit any unsafe acts that endanger participants and their animals. My family is aware that I am participating in this occasionally dangerous sport.

I agree to obey the rules of the AERC and the written and verbal rules of the Moab Canyons Endurance Ride, including any instructions from ride management or staff.

If I have questions about the trail or conditions, I take full responsibility to find and ask an informed and appropriate event person to explain the trail and conditions. I realize that those conditions can change at any time based on weather, other users and other situations. I am riding at my own free will and if I chose not to begin the ride, I will not have to pay for the ride.

I could be injured and die participating in this event. I understand that I am riding the event at MY OWN RISK, and will assume FULL RESPONSIBILITY for my safety and that of my horses.

I acknowledge the fact that, while I am on my own, my horse is under veterinary/control judge supervision, and I agree to abide by the veterinarian/control judges' decisions, as at this ride the veterinarian/control judges' word is FINAL! I will not argue, debate or dispute the vet/control judges' instructions. I take full responsibility for the payment of any vet bill if my horse is in need of treatment. I understand that veterinary care can be 30 to 100 miles away. I do understand that abuse of the horse is strictly forbidden.

In addition, I and my heirs, executor, and administrator, will hold AERC and officers thereof, any member of the Moab Canyons Endurance Ride and officers and volunteers thereof, Bureau of Land Management, and all property owners/tenants whose land I ride/walk over, absolutely BLAMELESS for any injury or loss to myself or my horse which occurs due to my participation, and free them from all liability for such injury or loss. In short, I nor anyone associated with me or my business, WILL NOT SUE the Moab Canyons Endurance Ride Company, management, their personnel, landowners, or tenants FOR ANY REASON OF ANY KIND!

**MEDICAL TREATMENT**

I give consent for medical treatment for myself if I am unable to give informed consent. The consent I give includes any x-ray examination, anesthetic, medical or surgical diagnosis or treatment deemed advisable by and rendered under the general supervision of a physician or surgeon, if I am unable to give informed consent. I agree that neither the physician, surgeon, nor any organization involved assumes any financial responsibility for acting under this authority granted by me. I agree to give consent for medical treatment of any junior or minor participant in the ride, if I have signed as Parent/Guardian of that junior or minor and I am unable to give informed consent for that treatment. This consent for junior/minor signed for below includes the entire medical treatment and release of financial responsibility outlined above.

I have read, understand, and agree with the stipulations of this DOCUMENT.

Signature of Rider \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Sponsor (if applicable) \_\_\_\_\_ Date \_\_\_\_\_