

CJM COUNTRY STABLES PARTICIPANTS AGREEMENT

IT IS THE CONTESTANTS RESPONSIBILITY TO KNOW THE RULES

I, the undersigned, understand that Hawaii laws (Chapter 663BB-1 Hawaii revised statutes) limits the civil liability of the persons sponsoring Rodeo activities. I understand that there are inherent risks of injury, including death, when participating in Rodeo type activities, which risks include but are not limited to the propensity of an animal to behave in ways that may result in injury or death to persons on or around them, The unpredictability of an animals reaction to such things as sounds, sudden movements, and unfamiliar objects, persons, or other animals or objects, hazards such as surface and subsurface conditions, collisions with other animals or objects, and the potential negligence of another participant's, such as failing to maintain control over the animal or not acting within the participants ability. Knowing and understanding the risks of participation in a Rodeo activity, including injury and death to my person and damage to my personal property, I expressly choose to assume these risks.

I hereby relinquish all claims, demands, and causes of action against CJM Country Stables, INC., Grove Farm, Kauai Rodeo & Roping Club, Clifton and Joyce Miranda (Heirs & Successors, their officers, principles, representatives, employees, Volunteers and agents, for any damage, injury, or injury resulting in death to the undersigned and/or any of the undersigned's equipment, or personal property.

If the undersigned is the parent guardian of any minor participating in the Rodeo activity, the undersigned agrees that this instrument is a legal contract and is binding on his/her heirs and assign. I also agree to abide by all the rules set forth by this Rodeo activity. I understand this participant agreement and indemnity covers any and all practice sessions in conjunction with the Rodeo as well as the Rodeo.

Date: _____ Signature: _____

Signature of Parent/Guardian (17 yrs. & Under):

Printed Name of Contestant: _____

Cell Number: _____ Provider: _____