

MCCS BASE STABLES
ASSUMPTION OF RISK AND LIABILITY RELEASE

NAME(LAST, FIRST)	AGE	WEIGHT	HEIGHT	ADDRESS	PHONE NUMBER

In consideration for allowing me to use Marine Corps Community Services (MCCS) Stables horses, tack, equipment, facilities and trails at Marine Corps Base (MCB) Camp Pendleton, California (hereinafter referred to as "Facilities Use,") I hereby take the following actions:

☐ (a) I certify as follows: (1) that I am properly equipped for Facilities Use and will at no time participate in Facilities Use without proper equipment; (2) that I am physically fit and able to participate in Facilities Use; have reported all unusual medical conditions to MCCS; and (3) that I have not been advised against participation in Facilities Use by a qualified health professional.

☐ (b) I acknowledge as follows: (1) that I have read and understand all applicable MCCS facilities rules and agree to abide by them; (2) that I will obey all posted MCCS safety signs and will obey instructions of MCCS employees while participating in Facilities Use; (3) that I agree to follow safe procedures and to avoid unnecessary hazardous situations; and (4) that I have received the instructions from MCCS personnel necessary to participate in Facilities Usesafely.

☐ (c) I agree that, prior to participation in Facilities Use, I will inspect the facilities, equipment, and areas to be used, and if I believe any are unsafe, I will immediately advise a person supervising Facilities Use.

☐ (d) I assume all risks associated with Facilities Use, including, but not limited to, death; concussion; neck/spinal trauma; broken bones; loss of teeth; loss of vision; dehydration; heat stroke; muscle pulls; cramps; sprains; strains; cuts; bruises; mental anguish; trauma; exhaustion; heart attack; cardiovascular illness; and injury or illness of my horse as a result of, but not limited to, trips to remote areas of base with no communications; the actions of other horses; contact with other horses; the behavior and actions of other persons at the MCCS Stables; accidental or intentional falls; contact with other people and their equipment; contact with facility equipment; defective equipment; effects of weather including heat or humidity; terrain; personal fitness level; and lack of hydration; sickness and disease (including communicable diseases, COVID 19);

☐ (e) In addition to assuming all risks associated with non-use of a helmet during Facilities Use, I also assume all other risks associated with Facilities Use, including, but not limited to, death; concussion; neck/spinal trauma; broken bones; loss of teeth; loss of vision; dehydration; heat stroke; muscle pulls; cramps; sprains; strains; cuts; bruises; mental anguish; trauma; exhaustion; heart attack; cardiovascular illness; and injury or illness of my horse as a result of, but not limited to, trips to remote areas of base with no communications; the actions of other horses; contact with other horses; the behavior and actions of other persons at the MCCS Stables; accidental or intentional falls; contact with other people and their equipment; contact with facility equipment; defective equipment; effects of weather including heat or humidity; terrain; personal fitness level; and lack of hydration; sickness and disease (including communicable diseases, COVID 19);

☐ (f) In connection with Facilities Use, I forever release, acquit and discharge from all known obligations, losses, damages, liabilities, injuries, claims, and expenses, including attorney's fees and costs, the following persons and entities: United States Government; MCB Camp Pendleton, MCCS, and its employees, representatives, and agents;

☐ (g) In connection with Facilities Use, I agree not to sue any of the persons or entities mentioned in paragraph (f) above for any of the claims, losses or liabilities that I have waived, released, and discharged therein;

☐ (h) In connections with Facilities Use I indemnify and hold harmless the persons or entities mentioned above in paragraph (f) above from any and all claims made or liabilities assessed against them as a result of my actions.

☐ (i) In connection with Facilities Use, I hereby authorize emergency medical treatment in the event of injury or illness. I also authorize trained health care providers, including, but not limited to physicians, nurses, nurse practitioners, and hospital corpsmen to administer routine and/or emergency medicines and treatments, as needed.

☐ (j) Helmets are available for all riders, but are required for those under the age of 18 years. Please initial whether you will choose to wear a helmet or if you will choose to decline a helmet.

☐ I chose to wear a helmet

☐ decline to wear a helmet

Signature of participant/guardian

Date

PRIVACY ACT STATEMENT

Authority: 10 USC 5013; 10 USC 5041; 26 USC 6041; EO 9397 (SSN). **Principal Purpose:** To provide for the administration of programs devoted to the mental and physical well-being of authorized patrons. Provides a means of paying, recording, accounting, reporting and controlling expenditures and merchandise inventories associated with MWR programs and activities.

Routine Uses: a. Provides emergency contact information when needed. b. Serves as program record for all accounting functions. **Disclosure:** Disclosure of personal information is voluntary. However, if requested information is not provided, authorized user will not be allowed to utilize stable facilities.