



ASSUMPTION OF RISK EXHIBIT A
WAIVER OF RIGHTS AND RELEASE OF LIABILITY FOR HORSEBACK RIDING

PRINT NAME: _____

ADDRESS: _____

Email Address*: _____

*By providing your email address, you will be receiving a quarterly newsletter about the horses, the stables and the horse rehab program. You may unsubscribe from the newsletter simply by clicking on "unsubscribe" at any time.

THIS FORM RELEASES HYATT REGENCY TAMAYA FROM ANY LIABILITY WHILE ON A TRAIL RIDE.

The Horseback riding activity ("Activity") offered by CWW Horse Adventures at the Hyatt Regency Tamaya Resort & Spa may expose participants to dangers and risks associated with natural and man made environments, including but not limited to head, neck and/or back injury, sunburn and stinging or biting of any animal life.

I hereby release Hyatt Corporation and Santa Ana Hospitality Corporation and CWW Horse Adventures, and their respective affiliates, subsidiaries, officers, directors, employees, and agents ("Releases") from any and all claims, actions, damages, costs and expenses including attorney fees as a result of or arising from my participation in the Activity, including but not limited to personal injury, property damage or wrongful death.

THIS INCLUDES, WITHOUT LIMITATION, ANY CLAIMS, DAMAGES OR ACTIONS ARISING OR RESULTING FROM THE ORDINARY NEGLIGENCE OF RELEASEES.

I hereby agree to waive any and all such claims and declare that this Waiver and Release is to be binding upon my heirs, executors, administrators and assigns. Further, I hereby agree to release and discharge the Releases from any loss, theft of or damage to personal property.

I FULLY UNDERSTAND THAT I FOREVER GIVE UP ANY RIGHT TO SUE OR MAKE A CLAIM AGAINST THE RELEASEES IF I SUFFER INJURY OR DAMAGE EVEN THOUGH I DO NOT KNOW WHAT OR HOW EXTENSIVE THE INJURY OR DAMAGE MAY BE. I HEREBY PERSONALLY ASSUME ALL RISKS WHETHER FORSEEN OR UNFORSEEN IN CONNECTION WITH THE ACTIVITY OR ANY ACTIVITIES INCIDENTAL THERETO. I FULLY UNDERSTAND AND AGREE THAT THESE TERMS ARE CONTRACTUAL AND NOT A MERE RECITATION AND THAT I HAVE VOLUNTARILY SIGNED THIS DOCUMENT.

Check One:

____ Participant is 18 years of age or older

____ Participant is under age 18 (Children 12 years and under MUST wear a safety helmet)

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE WAIVER AND RELEASE, UNDERSTAND THE TERMS AND THEIR LEGAL EFFECT AND MY SIGNING CONSTITUTES RELEASE OF VALUABLE RIGHTS.

Signature of participant or guardian Date

I choose not to wear a safety helmet (13 to adult) Signature of Participant or Parent/Guardian

RIDER BIOGRAPY:

Age: _____ Height: _____ Weight: _____ Riding Experience: _____

Tell us about your riding experience, if you are a confident rider, if this is your first time, if horses make you nervous, anything that will help us make your ride with us a more pleasurable experience: