



GALWAY DOWNS  
 38801 LOS CORRALITOS ROAD, TEMECULA, CA 92592  
 T: 951.303.0405 | F: 951.303.6055

### 2016 Membership & Facility Use Application

#### Membership Options<sup>†</sup>

- Month-to-Month (1 Month)..... \$150
- Quarterly (3 Months)..... \$300
- Bi-Annual (6 Months)..... \$550
- Annual (12 Months)..... \$900

<sup>†</sup>Membership fee applies per horse, regardless of rider(s). Payment is due in advance of first day of membership period. Facility use prior to payment of membership will be charged the single day use fee for each occurrence and will not be credited toward future membership fees.

#### Member Facility Use Fees<sup>‡</sup>

- Cross Country Schooling.....INCLUDED
- Lunging Arena.....INCLUDED
- Dressage Court.....INCLUDED
- Upper Show Jumping Arena .....INCLUDED
- Haul-In / Grounds Fee.....INCLUDED

#### Non-Member Facility Use Fees<sup>‡</sup>

- Cross Country Schooling.....\$50
- Lunging Arena.....\$25
- Dressage Court.....\$25
- Upper Show Jumping Arena .....\$25
- Haul-In / Grounds Fee.....\$15

#### Terms & Conditions

- A signed release of liability must be on file for all owners, trainers and riders of the associated horse prior to any 'equestrian activities' taking place at the facility.
- Cross Country Schooling is by appointment ONLY
- Cross Country Schooling is ONLY permitted under the direct supervision of an approved trainer with a Certificate of Liability Insurance on file.
- Management reserves the right to restrict access to the facility for any reason, in part or in whole.
- Refunds are at the sole discretion of management and will only be issued in the form of a credit.



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**Horseback Riding / Track Training / Facility Membership  
 Agreement & Release of Liability**

Owner/Rider's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**LIABILITY RELEASE:** I understand that this is a high-risk sport and I am participating at my own risk. I hereby assume this risk and further do hereby release and hold harmless the owners of the property, and its agents, employees, volunteers, the host of this 'equestrian activity' and the owners of the jumps and race track on which 'the equestrian activity' is held, from all liability for negligence resulting in accidents, damage, injury or illness to myself and to my property, including the horse or horses which I will ride at this facility.

**Release, Assumption of Risk, Waiver and Indemnification**  
*This document waives important legal rights. Read it carefully before signing.*

In consideration for my participation in this 'equestrian activity' at Galway Downs, I agree to the following:

I AGREE that I choose to participate voluntarily in the 'equestrian activity' with my horse, as a rider, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death ("Harm").

I AGREE to release 'the equestrian activity' the property owners, and its agents, employees, volunteers, the host of this 'equestrian activity' and the owners of the jumps where 'the equestrian activity' is held from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of 'the equestrian activity'.

I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of 'the equestrian activity' the property owners, and its agents, employees, volunteers, the host of this 'equestrian activity' and the owners of the jumps where 'the equestrian activity' is held.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) 'the equestrian activity' the property owners, and its agents, employees, volunteers, the host of this 'equestrian activity' and the owners of the jumps where 'the equestrian activity' is held and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse at this facility.

I am entitled to wear protective equipment without penalty, and I acknowledge that 'the equestrian activity' the property owners, and its agents, employees, volunteers, the host of this 'equestrian activity' and the owners of the jumps where 'the equestrian activity' is held strongly encourages me to do so while WARNING that no protective equipment can guard against all injuries.

If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and AGREE to all of the above provisions and AGREE to assume all of the obligations of this Release on the child's behalf.

I AGREE that "the equestrian activity" as used above includes all the property owners, its agents, employees, volunteers, the host of this 'equestrian activity' and the owners of the jumps where 'the equestrian activity' is held.

I represent that I have the requisite training, coaching and abilities to safely compete in this equestrian activity.

BY SIGNING BELOW, I AGREE to be bound by all applicable terms and provisions of this riding agreement.

**OWNER/RIDER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT/GUARDIAN'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*Required if Rider is Under 18*