

## REGISTRATION, RELEASE OF LIABILITY AND USER INDEMNITY AGREEMENT

Rider's Name: _____
Age: _____ Date of Birth: _____ Sex: Male/Female
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Height: _____ Weight (Required): _____

Do you have any medical conditions that we should be aware of? **YES/NO (circle one)**

Explain:

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TRAIL RIDE CHOSEN: \_\_\_ PONY RIDE \_\_\_ 1 HR RIDE \_\_\_ 2 HR RIDE \_\_\_ 1/2 DAY \_\_\_ FULL DAY

I, \_\_\_\_\_ (**name of participant/guardian if under 18**)  
HEREBY ACKNOWLEDGE that I have voluntarily applied to participate in an activity of horseback riding with Regency CSP Ventures Limited Partnership and the guide or guides they assign to take the ride. I have read the rules, conditions, and regulations of the ride and agree to comply with them.

**I UNDERSTAND THAT THE ACTIVITY OF HORSEBACK RIDING INVOLVES NUMEROUS RISKS OF INJURY THAT ARE MY RESPONSIBILITY AND I ASSUME THESE RISKS**, including loss of control, collisions, obstacles, whether they are obvious or not obvious. I, and/or my family, further understand that an animal respective of its training and usual past behavior and characteristics, may act or react unpredictable at times based upon instinct or fright which is an inherent risk to be assumed by each participant in the riding activity.

**Initial here to show that you agree:** \_\_\_\_\_

**I UNDERSTAND THAT I MAY ENCOUNTER VARIATIONS IN TERRAIN THAT ARE MY RESPONSIBILITY AND I ASSUME THESE RISKS** including creeks, water, bridges, traveled roads, wild animals, stumps, forest growth, debris, rocks and cliffs, and other obstacles whether they are obvious or not obvious, man-made or natural.

**Initial here to show that you agree:** \_\_\_\_\_

IN CONSIDERATION OF PERMITTING ME TO PARTICIPATE IN THIS ACTIVITY OF HORSEBACK RIDING, I DO HEREBY RELEASE FROM ANY LEGAL LIABILITY THE STATE OF SOUTH DAKOTA; DEPARTMENT OF GAME, FISH & PARKS AND DIVISION OF CUSTER STATE PARK; REGENCY CSP VENTURES LIMITED PARTNERSHIP; AND ALL OF THEIR OFFICERS, MEMBERS, AFFILITATED ORGANIZATIONS, AGENTS AND EMPLOYEES, OR ANY OTHER PERSONS CONNECTED WITH THIS RIDE, OR ANY OF THE OWNERS OF PRIVATE OR PUBLIC PROPERTY OVER WHICH THEY TRAIL PASSES, FOR ANY INJURY OR DEATH CAUSE BY OR RESULTING FROM MY PARTICIPATION IN THE

ACTIVITY OR HORSEBACK RIDING, **WHETHER OR NOT SUCH INJURY OR DEATH WAS CAUSED BY THEIR NEGLIGENCE OR FROM ANY OTHER CAUSE.**

**Initial here to show that you agree:** \_\_\_\_\_

I FURTHER AGREE NOT TO SUE, CLAIM AGAINST, ATTACH THE PROPERTY OF OR PROSECUTE THE STATE OF SOUTH DAKOTA; DEPARTMENT OF GAME, FISH & PARKS AND DIVISION OF CUSTER STATE PARK; REGENCY CSP VENTURES LIMITED PARTNERSHIP; AND ALL OF THEIR OFFICERS, MEMBERS, AFFILIATED ORGANIZATIONS, AGENTS AND EMPLOYEES; OR ANY OF THE OWNERS OF PRIVATE OR PUBLIC PROPERTY OVER WHICH THE TRAIL PASSES, FOR ANY INJURY OR DEATH CAUSED BY OR RESULTING FROM MY PARTICIPATION IN THE ACTIVITY OF HORSEBACK RIDING, **WHETHER OR NOT SUCH INJURY OR DEATH WAS CAUSED BY THEIR NEGLIGENCE OR FROM ANY OTHER CAUSE.**

**Initial here to show that you agree:** \_\_\_\_\_

I AGREE TO DEFEND, INDEMNIFY, AND HOLD HARMLESS THE STATE OF SOUTH DAKOTA; DEPARTMENT OF GAME, FISH & PARKS AND DIVISION OF CUSTER STATE PARK; REGENCY CSP VENTURES LIMITED PARTNERSHIP; ALL OF THEIR OFFICERS, MEMBERS, AFFILIATED ORGANIZATIONS, AGENTS AND EMPLOYEES; OR ANY OTHER PERSONS CONNECTED WITH THIS RIDE; OR ANY OF THE OWNERS OF PRIVATE OR PUBLIC PROPERTY OVER WHICH THE TRAIL PASSES, FOR ANY INJURY OR DEATH CAUSED BY OR RESULTING FROM MY PARTICIPATION IN THE ACTIVITY OR HORSEBACK RIDING, **WHETHER OR NOT SUCH INJURY OR DEATH WAS CAUSED BY THEIR NEGLIGENCE OR FROM ANY OTHER CAUSE.**

**Initial here to show that you agree:** \_\_\_\_\_

**THIS IS A RELEASE OF LIABILITY**

**DO NOT SIGN OR INITIAL IF YOU DO NOT UNDERSTAND OR AGREE WITH THE TERMS.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**IF UNDER 18 YEARS OF AGE, SIGNATURE OF PARENT OR GUARDIAN REQUIRED.**

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

\_\_\_\_\_  
Date