

## Crownline Arena, LLC – Waiver and Release of Liability-2025/2026

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PLEASE READ CAREFULLY – THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS. BY SIGNING, YOU ACKNOWLEDGE THAT YOU UNDERSTAND AND ACCEPT THESE TERMS.

### **Assumption of Risk**

In consideration of being permitted to participate in any event or activity at Crownline Arena, LLC (the “Arena”), I, the undersigned participant, acknowledge and agree that team roping and other livestock-based events are inherently dangerous...

### **Release and Waiver of Liability**

By signing this agreement, I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE Crownline Arena, LLC, its owners, members, managers, employees, agents, volunteers, instructors, sponsors, affiliated organizations, and any other parties...

Indemnification and Hold Harmless

I also agree to indemnify and hold harmless the Released Parties from any loss, liability, costs, or damages they may incur arising out of or related to my participation in events at the Arena...

### **Photo and Media Release**

I consent to the photographing, filming, recording, or videotaping of me, my horse(s), my livestock, and my property while on the premises or participating in events at the Arena...

Binding Arbitration Agreement

Any dispute, claim, or controversy arising out of or relating to this Waiver and Release or my participation in any Crownline Arena event shall be resolved by final and binding arbitration, rather than in court...

### **Governing Law and Venue**

This Waiver and Release shall be governed by the laws of the State of Oklahoma, without regard to its conflict of law principles...

### **Minor Participants**

If the participant is under eighteen (18) years of age, a parent or legal guardian must read and sign this agreement on the minor’s behalf...

Acknowledgment of Understanding

BY SIGNING, I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND ITS TERMS...

### **Participant Information and Signature**

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If Participant is under 18 years of age, the section below must be completed by a parent or legal guardian.)

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_