Club Name					
Event			Date		
Location					
Participant Number	Class Number	Class Name	Horse Name	Exhibitor/Participant Name and Address	
	DI	D 10		• •	
			refully Before Sig		
	Event Spoi	isors ana Ciub Adi	ministrators Do Not Assa	ure 10ur Sajety.	
Please Initial (a par	I acknowledge participant or t	that I, the Participant, Pa he participant's family mo nt, Parent or Legal Guard	embers for injuries or property d	18). esponsible for any and all costs incurred by tamage that I or my family may incur, and thance coverage in force for injuries that I or respectively.	
	acts of my fam		I wards and animals, and I, the I	esponsible for my negligent acts, the neglige Participant, Parent or Legal Guardian, do car	
Initial					
	equestrian helr	nets while participating equine activities may rec	in equine activities. I understa	urchase and wear ASTM-standard/SEI-certifind that the wearing of such headgear wheaticipants' head injuries in the event of a f	
Initial					
	I acknowledge that I, the Participant, Parent or Legal Guardian, participate in this event totally at my own risk for injuries or property damage I or my family may incur and I acknowledge that I, the Participant, Parent or Legal Guardian, et. al. hereby release and hold harmless the sponsor, co-sponsors, their owners, their officers, directors members, affiliated organizations and others acting on its behalf, from any claim, legal liability, legal action, or right of damages, for any accident which may occur to me or my equine animal. I also assume and accept full responsibility for				
Initial	any damages done by me or my horse at this show, activity and/or event.				
I. the undersioned	l Particinant. F	Parent or Legal G	uardian, heing <i>of legal</i>	age, have read, understand and	
initialed the above	- '	U	« g « j g ···		
	_				
Name of Participant	Name of Participant		re of Participant		
(Please print)		_	s must sign for themselves)		
Name of Parent/Guardian		Signatu (Please p	re of Parent/Guardian orint)	 Date	
Address			Phone		