NAME OF ACTIVITY/SCHOOLING SHOW:					USEA AREA:		
DATE(S) HELD: LOCATION:				STATE:			
	in this USEA sponsored education requirements of the USEA and, wh				•	ne organizer of this	
surpassing the ASTM/SEI s	protective equipment when participa standards with harness attached tha ticipating in cross-country activity	t meets standards curr	ently imposed by the U	.S. Equestrian Rules	for Eventing. I understand that	at the USEA	
by applicable laws and is s of equine activities, including near them; the unpredictable conditions; collisions with manner which may contributes ponsibility for those risk the volunteers assisting in a damage, injury or illness to a understand and agree	rt of eventing is a high risk sport, a olely at my own risk. I understand to the propensification of equine reaction to sounds, so other equines or objects; sickness but to injury to the participant or other, and I release and agree to hole the conduct of this USEA education or myself and to my property, include that the organizer of this USEA education to the conduct of riders, horses and very solution to the conduct of riders.	hat my participation in y of equines to behave udden movements, sm and disease (including ners, including failing of d harmless the activity all activity and the own ng the horse(s) which ucational activity has the	volves all inherent risks in ways which may residells and unfamiliar objectommunicable disease or inability to maintain corganizer, organizing coers of any property on volumer in the right to cancel this acceptable.	associated with the dangult in injury, harm or everences; persons or other anes); and, the potential of a control over the animal. Example the officials, the Use which it is to be held, from the citivity; to refuse any entry	gers and conditions which are ar in death to humans or other anim imals; hazards related to surface a participant to act in a negligent by participating in this activity I a SEA, USEF, their officers, agents in all liability for negligence resu	n integral part nals around or and subsurface or unskilled ngree to assume , employees and Iting in accidents,	
•	tne conduct of riders, norses and v BE FILLED OUT COMPLET			,	, , ,	roper or unsafe.	
	ME (Please Print):						
			EMERGENCY CONTACT PHONE:				
	I						
TRAINER'S NAME (A	AT THIS EVENT):			_ PHONE:			
NUMBER OF HORSE	S I WILL BE RIDING DUR	ING ACTIVITY (if	applicable):				
Current Riding Leve	I (if applicable):						
☐ Beginner Novice	☐ Novice ☐ Training	☐ Modified	☐ Preliminary	☐ Intermediate	Advanced		
☐ I am not a USEA m	A member and my number is						
Check here if pa	rticipant is under 18 year	s old.					
SIGNATURE:			Date:				

(If participant is under 18, Release must be signed by parent or legal guardian, <u>not by trainer or instructor.</u> This release form is valid only when signed personally by the participant. Signatures of all others, with the exception of a parent or legal guardian of a minor, will not be accepted in the event a claim is filed.)