



USEA EDUCATIONAL ACTIVITIES AND SCHOOLING SHOWS RELEASE FORM

NAME OF ACTIVITY/SCHOOLING SHOW: _____ USEA AREA: _____

DATE(S) HELD: _____ LOCATION: _____ STATE: _____

I have applied to participate in this USEA sponsored educational activity. I agree that my participation is subject to the Conditions in this release and to those set by the organizer of this activity, the regulations and requirements of the USEA and, where applicable, the *U.S. Equestrian Federation Rules for Eventing*.

I agree to wear protective headgear when riding. When jumping, I agree to wear protective headgear passing or surpassing the ASTM/SEI standards with harness attached that meets standards currently imposed by the *U.S. Equestrian Rules for Eventing*. I understand that the USEA mandates that all riders participating in cross-country activity wear body-protecting vests that meet or exceed current USEF rules and the wearing of an approved medical armband or bracelet.

I understand that the sport of eventing is a high risk sport, and that my participation in this educational activity may also involve participation in an "equine activity" as defined by applicable laws and is solely at my own risk. I understand that my participation involves all inherent risks associated with the dangers and conditions which are an integral part of equine activities, including, but not limited to, the propensity of equines to behave in ways which may result in injury, harm or even death to humans or other animals around or near them; the unpredictability of equine reaction to sounds, sudden movements, smells and unfamiliar objects; persons or other animals; hazards related to surface and subsurface conditions; collisions with other equines or objects; and, the potential of a participant to act in a negligent or unskilled manner which may contribute to injury to the participant or others, including falling or inability to maintain control over the animal. By participating in this activity I agree to assume responsibility for those risks, and I release and agree to hold harmless the activity organizer, organizing committee, officials, the USEA, USEF, their officers, agents, employees and the volunteers assisting in the conduct of this USEA educational activity and the owners of any property on which it is to be held, from all liability for negligence resulting in accidents, damage, injury or illness to myself and to my property, including the horse(s) which I may ride.

I understand and agree that the organizer of this USEA educational activity has the right to cancel this activity; to refuse any entry or application; to require and enforce the wearing of safety or other attire and the conduct of riders, horses and visitors; and to prohibit, stop or control any action during the activity deemed by the organizer to be improper or unsafe.

THIS FORM MUST BE FILLED OUT COMPLETELY AND SIGNED IF YOU WISH TO PARTICIPATE IN THIS ACTIVITY.

PARTICIPANT'S NAME (Please Print): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL PHONE: _____ EMERGENCY CONTACT PHONE: _____

FAX: _____ EMAIL: _____

TRAINER'S NAME (AT THIS EVENT): _____ PHONE: _____

NUMBER OF HORSES I WILL BE RIDING DURING ACTIVITY (if applicable): _____

Current Riding Level (if applicable):

- Beginner Novice Novice Training Preliminary Intermediate Advanced

Check appropriate box:

- I am a USEA member and my number is #: _____
 I am not a USEA member
 I am not a USEA member. I wish to join and have enclosed my membership form and dues.

Check here if participant is under 18 years old.

SIGNATURE: _____ Date: _____

(If participant is under 18, Release must be signed by parent or legal guardian, **not by trainer or instructor**. 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.)

Rev. 1/16

Mid-America Combined Training Association Heritage Park XC Schooling and Schooling Show Release

Date: _____, 20 _____

Fees: \$40 for MACTA members
 \$60 for NON-MACTA member (includes a one day membership fee)

Boots with heels, helmets with chin harness, protective vests and medical armbands must be worn and are REQUIRED whenever mounted.

Warning

Inherent Risk of Domestic Animal Activities

Under Kansas law, there is no liability for an injury to or the death of a participant in domestic animal activities resulting from the inherent risks of domestic animal activities, pursuant to K.S.A. 60-4001 through 60-4004. You are assuming the risk of participating in this domestic animal activity. Inherent risks of domestic animal activities include, but shall not be limited to:

1. The propensity of a domestic animal to behave in ways, i.e. running, bucking, biting, kicking, shying, stumbling, rearing, falling, or stepping on that may result in death of persons on or around them;
2. The unpredictability of domestic animal's reaction to such things as sounds, sudden movement of unfamiliar objects, persons or other animals;
3. Certain hazards such as surface and subsurface conditions;
4. Collisions with other animals or objects; and
5. The potential danger of participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the domestic animal or not acting within such participant's ability.

I have read the above warning statement and understand the nature of the inherent risks of this domestic animal activity ("Activity"). I also understand and have been fully made aware that this is a high-risk sport that could result in catastrophic injury, paralysis and death and further understand that I am participating at my own risk. If at any time I believe or suspect that the conditions at the premises are hazardous or unsafe I will immediately cease all further participation in the Activity. I hereby accept and assume all risks associated with my participation in the Activity and further accept and assume all responsibility, financial and otherwise, for any losses, costs or damages arising out of my participation in the Activity.

In consideration of my participation in the Activity, I hereby release, discharge, covenant not to sue, and agree to indemnify and hold harmless the Mid-America Combined Training Association (MACTA), MACTA volunteers, Johnson County Parks and Recreation District, Johnson County, and the City of Olathe and its employees (the Releasees), from any liability, claims, losses or damages arising out of, or in any way connected with, my participation in the Activity, including those caused, or alleged to be caused, in whole or in part, by the acts or omissions of any of the Releasees from any and all litigation expenses, attorneys fees, losses, damages or judgments arising out of any claim based on, or in any way related to, my participation in the Activity that result in accidents, damage, injury or illness to myself and to my property, including the horse or horses which I ride.

Print Rider's Name: _____

Signature: _____ (*Parent or Guardian must sign for riders under 18, no trainers may sign for students)

Address: _____

Telephone: _____

E-mail address: _____

Schooling Date: _____ \$Pd: _____