

## Release Form

### For participation in Eventing Clinic at Peppergrass Farm June 23, 24 & 25 2020

I have applied to participate in this 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.

**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.

**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 failing 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, their officers, agents, employees and the volunteers assisting in the conduct of this 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 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: \_\_\_\_\_

Level now riding (Check one if applicable):

Intro =Elementary=  Beginner Novice  Novice  Training  Preliminary  Intermediate  Advanced

Check appropriate box:

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.)