

**WAIVER OF LIABILITY AND RELEASE**

I, the undersigned releasor ("**Releasor**"), hereby knowingly and intentionally enter into this Waiver of Liability and Release ("**Release**") in which I unreservedly and irrevocably waive certain rights and potential rights as detailed herein.

Health; Medical and Physical Condition. I represent and warrant that I am in appropriate and sufficient good health and medical and physical condition to participate in lessons and schooling jumper rounds during 2020 (the "**Activities**") in my capacity as a rider, coach, groom, parent/guardian, or spectator, as the case may be, and that I have no medical problems or issues which would endanger me or others due to such participation.

COVID-19 and Other Communicable Diseases. I acknowledge that participating in the Activities will invariably place me in close proximity with other individuals and in contact with surfaces or areas that may have been handled, touched, or otherwise contacted by other individuals. Due to the nature of the Activities, as well as the participation of the other rider, coach, groom, parent/guardian, or spectator (collectively, the "**Participants**") acknowledge that recommended social distancing may not be followed at all times during the Activities and that surfaces and other areas or items with which I may come in contact may not be free of viruses, pathogens or other contaminants. I acknowledge that cases of the disease known as COVID-19, caused by contraction of the novel coronavirus, have been confirmed throughout the United States and that the virus is highly contagious. By electing to participate in the Activities, I acknowledge and fully assume all risk that I may be exposed to and contract COVID-19 or any other communicable disease or illness, including as a result of actions or inactions by Commonwealth Equestrian Sports Inc., or Commonwealth Dressage and Combined Training Association ("**CDCTA**"), its employees or agents, other Participants or third parties.

Representations, Warranties and Covenants. I represent and warrant to CDCTA that during the past 14 days, I have not (i) experienced any symptoms of COVID-19, including without limitation, fever, cough, or shortness of breath, (ii) been in contact with anyone with a suspected or diagnosed case of COVID-19, (iii) visited an area subject to a CDC Level 3 Travel Health Notice, (iv) been exposed to any person who visited an area subject to a CDC Level 3 Travel Health Notice in the 14 days preceding the exposure, (v) been informed or otherwise been given reason to believe that I have or may have contracted COVID-19, nor (vi) been informed or otherwise been given reason to believe that I have or may have been exposed to the novel coronavirus. **I hereby covenant and agree that if at any time the representations and warranties in this Release cease to be true, I will voluntarily refuse to (1) participate in any Activities, or (2) visit CDCTA.**

Informed Consent. By electing to participate in the Activities at any time during 2020, I, individually and on behalf of my heirs, successors, representatives, assigns, and any other person acting on my behalf (collectively, the "**Releasors**") expressly agree to assume and accept all risk arising from or relating to the Activities, including without limitation, any injury (including, but not limited to, bodily injury, contraction of COVID-19 or any other infectious disease, incapacity or death), irrespective of the cause thereof, including as a result of actions or inactions by other Participants or **CDCTA**.

WAIVER AND RELEASE OF LIABILITY; INDEMNIFICATION. IN CONSIDERATION FOR BEING PERMITTED TO PARTICIPATE IN THE ACTIVITIES, I, ON BEHALF OF MYSELF AND THE OTHER RELEASORS, HEREBY KNOWINGLY, VOLUNTARILY, UNCONDITIONALLY AND FOREVER RELEASE, HOLD HARMLESS AND INDEMNIFY Commonwealth Equestrian Sports Inc, Commonwealth Dressage and Combined Training Association AND THEIR RESPECTIVE AFFILIATES, MEMBERS, PARTNERS, OWNERS, OFFICERS, DIRECTORS, EMPLOYEES, CONTRACTORS, ATTORNEYS, SUCCESSORS, PEDECESSORS, PARENTS, SUBSIDIARIES, AGENTS, REPRESENTATIVES AND ASSIGNS (COLLECTIVELY, THE "**RELEASED PARTIES**"), FROM ANY AND ALL SUITS, CLAIMS, DEMANDS, CAUSES OF ACTION, DAMAGES, LIABILITIES, LOSSES, DEBTS, CONTRACTS, SUMS OF MONEY, COVENANTS, CONTROVERSIES, AGREEMENTS, PROMISES, ERRORS, OBLIGATIONS, FEES, COSTS AND EXPENSES (INCLUDING ATTORNEYS' FEES) WHATSOEVER, WHETHER KNOWN OR UNKNOWN, OF WHATEVER TYPE OR NATURE, WHETHER AT LAW OR IN EQUITY, THAT I OR THE OTHER RELEASORS AT ANY TIME HAVE, HAVE HAD, OR HEREAFTER MAY HAVE AGAINST THE RELEASED PARTIES ARISING OUT OF OR IN ANY WAY CONNECTED (DIRECTLY OR INDIRECTLY) TO THE ACTIVITIES. I hereby agree that if I am a parent/legal guardian signing on behalf of my minor child, that I am agreeing to all of the provisions stated herein (including, without limitation, the release, waiver, indemnity and assumption of risk provisions) on my own behalf, AND ON BEHALF OF MY MINOR CHILD. I HAVE CAREFULLY READ THIS RELEASE, HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS REGARDING ITS CONTENTS, AND FULLY UNDERSTAND ITS CONTENTS. I FULLY UNDERSTAND THAT I AND/OR A MINOR FOR WHOM I AM SERVING AS PARENT/LEGAL GUARDIAN, ARE HEREBY WAIVING AND RELEASING ALL RIGHTS OF RECOVERY OF DAMAGES AGAINST

Signature \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Confirm Age Over 18: YES or NO  
Name of Minor: \_\_\_\_\_  
Age of Minor: \_\_\_\_\_

COVID-19 PARTICIPANT HEALTH QUESTIONNAIRE

1. During the past 14 days, have you experienced symptoms of COVID-19, including fever, cough, or shortness of breath? o YES o NO
  2. During the past 14 days, have you been in close contact with anyone with a suspected or diagnosed case of COVID19? o YES o NO
  3. During the past 14 days, have you visited an area subject to a CDC Level 3 Travel Health Notice? o YES o NO
  4. Have you been exposed to any person who visited an area subject to a CDC Level 3 Travel Health Notice in the 14 days preceding the exposure? o YES o NO
  5. Have you received a COVID-19 Test within the last 60 days? o YES o NO \
- If yes, when were you tested? \_\_\_\_\_
- If yes, what were the results? \_\_\_\_\_
6. If you have received a positive COVID-19 test in the past 60 days, have you subsequently had your fever subside without use of fever-reducing medications? o YES o NO
  7. If you have received a positive COVID-19 test in the past 60 days, have you subsequently had an improvement in your respiratory symptoms, such as cough and shortness of breath? o YES o NO
  8. If you have received a positive COVID-19 test in the past 60 days, have you subsequently received two consecutive negative tests for COVID-19 RNA from respiratory specimens collected at least 24 hours apart? o YES o NO

I acknowledge that I may be required to, and will agree to, complete this Questionnaire every day or at such other frequency as shall be determined by CDCTA. **I hereby certify by signing below that the above answers are true and correct to the best of my knowledge. I hereby covenant and agree that if on the date of completing this Questionnaire or at any time thereafter, (a) the answer to one or more of Questions 1-4 is "Yes", or (b) I've tested positive for COVID-19 in the past 60 days and the answer to one or more of Questions 6-8 is "NO", I will (x) immediately notify CDCTA regarding this, (y) voluntarily refuse to participate in any Activities so long as this is the case, and (z) not visit CDCTA's premises so long as this is the case.**

Signature \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Confirm Age Is Over 18: YES or NO  
Name of Minor: \_\_\_\_\_  
Age of Minor: \_\_\_\_\_