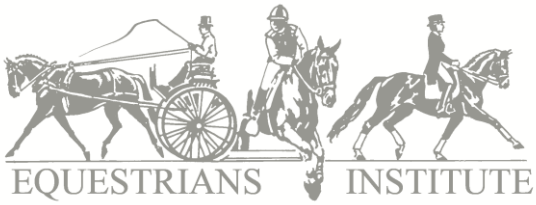

Equestrians Institute & Federation Release, Assumption of Risk, Waiver and Indemnification

This document waives important legal rights. Read it carefully before signing. I AGREE in consideration for my participation as a volunteer in this Equestrians Institute Competition to the following: I AGREE that "the Federation" and "Competition" as used herein includes the Licensee and Competition Management, the premises and premises owners at which this event is held, Equestrians Institute as well as all of their officials, officers, directors, employees, agents, personnel, volunteers and Federation affiliates. I AGREE that I choose to participate as a volunteer in this Competition under the guidance of show management. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death. ("Harm"). I AGREE to **hold harmless** and release the Federation and the Competition as well as from all claims for money damages or otherwise for any Harm to me and for any Harm **of any nature** caused by me to others, even if the Harm arises or results resulted, directly or indirectly, from the negligence of the Federation or the Competition. I AGREE to expressly assume all risks of Harm to me, including Harm resulting from the negligence of the Federation or the Competition. I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Federation and the Competition and to hold them harmless with respect to claims for Harm to me, and for claims made by others for any Harm caused by me while at the Competition. If I am a parent or guardian of a volunteer who is a minor, I consent to the minor's participation and AGREE to all of the above provisions and AGREE to assume all of the obligations of this Release on the minor's behalf. I AGREE that "the Federation" and "Competition" as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations. I AGREE that if I am injured at this competition, the medical personnel treating my injuries may provide information on my injury and treatment to the Federation on the official USEF accident/injury report form. I also agree that as a condition of and in consideration of acceptance of entry, the Federation and/or the Competition may use or assign photographs, videos, audios, cable-casts, broadcasts, internet, film, new media or other likenesses of me taken during the course of the Competition for the promotion, coverage or benefit of the Competition, sport, or the Federation.

BY SIGNING BELOW, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this form.
Please print clearly. (Parents/Guardians: Please sign consent for your minor child and indicate child's name & age)

Printed Name	Signature	Phone	Date
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