

**EQUESTRIAN RELEASE, ASSUMPTION OF RISK, WAIVER AND INDEMNIFICATION**

*THIS DOCUMENT WAIVES IMPORTANT LEGAL RIGHTS. PLEASE, READ IT CAREFULLY BEFORE SIGNING.*

I AGREE in consideration for my participation in this competition (Mid-States Horse Show) to the following:

I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, lessee, owner, agent, coach, trainer or as a parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sport 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 release the Iowa Horse Show Association and the Competition from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted directly or indirectly, from the negligence of the Iowa Horse Show Association or the Competition.

I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Iowa Horse Show Association or the Competition.

I AGREE to indemnify (that is to pay any losses, damages, or costs incurred by) the Iowa Horse Show Association and the Competition and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse at the Competition. Federation strongly encourages me to do so while WARNING that no protective equipment can guard against all injuries. If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and AGREE to assume all obligations of this Release on the child's behalf.

I AGREE that the "Iowa Horse Show Association" and "Competition" as used above includes all officials, directors, employees, agents, personnel, volunteers and affiliated organizations.

I AGREE that if I am injured at the competition, the medical personnel treating my injuries may provide information on my injury and treatment to the Iowa Horse Show Association on the official accident/injury report form. I represent that I have the requisite training, coaching, and abilities to safely compete in this competition.

BY SIGNING BELOW, I AGREE to be bound by all applicable Rules and all terms and provisions of this entry blank and Iowa Horse Show Association.

X \_\_\_\_\_  
Owner Signature  
Name: \_\_\_\_\_

X \_\_\_\_\_  
Trainer's Signature

X \_\_\_\_\_  
Rider/Driver/Handler Signature

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_