

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS

THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS AND LIABILITIES- PLEASE READ CAREFULLY

I acknowledge that equestrian sports are high-risk and that I am participating at my own risk and in full knowledge of the hazards and potential hazards which are inherent in this sport. I further acknowledge the inherent risk in riding and working around horses, which risks include bodily injury to both horse and rider which can result from normal use, competition or schooling.

In consideration of being allowed to participate in this event, I hereby assume all risk and I hereby release and absolve Wits End Equestrian Consultants Inc, Wits End Events, Jo Young, Bill McKeen, Amanda Hunter and their officials and volunteers, representatives and employees and independent contractors from all responsibility, liability or claims of any nature and kind which I may have arising from my participation in this activity, including but not limited to bodily injury or death to myself or my horse(s) and damage to property arising from any cause whatever, including the negligence of one or more of the individuals and organizations referred to herein.

I acknowledge that I am required to, and will wear the following:

- proper riding attire, including boots or half chaps _____ (initial) _____ (parent initial if under 18)
- SEI approved Helmet _____ (initial) _____ (parent initial if under 18)
- If riding cross-country, an ASTM SEI approved body protector; with or without an air-vest. _____ (initial) _____ (parent initial if under 19)

I hereby declare that I have read and fully understand and agree to the terms and conditions stated herein and that it is binding upon my executors, heirs and assigns.

Print Name of Rider: _____

Signature of Rider: _____

Date: _____

(If the Rider is under 18, the parent/Guardian must also sign below)

I acknowledge as Parent/Guardian of the Rider that I have read and fully understand and agree to the terms and conditions stated herein on behalf of and myself.

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____