

COW COUNTRY QUARTER HORSE ASSOCIATION

PARTICIPANT RELEASE AGREEMENT

PLEASE Read Carefully Before Signing

CCQHA members and officers do not assure your safety!

Please initial (a parent or guardian must initial if the participant is under the age of 18)

_____ I acknowledge that I, The Participant, Parent or Legal Guardian, will be responsible for any and all costs incurred by the participant or the participant's family members for injuries or property damages that I or my family may incur, and that I, the Participant, Parent or Legal Guardian, have accident medical insurance coverage in force for injuries that I or my family may incur.

_____ I acknowledge that I, The Participant, Parent or Legal Guardian, will be responsible for my negligent acts, the negligent acts of my family members and or legal wards and animals, and I, the Participant, Parent or Legal Guardian, do carry personal liability insurance coverage now in force.

_____ I acknowledge that I, The Participant, Parent or Legal Guardian, should purchase and wear ASTM-standard/SEI-certified equestrian helmets while participating in equine activities. I understand that the wearing of such headgear while participating in equine activities may reduce the severity of some of the participants head injuries in the event of a fall or other related accident.

_____ I acknowledge that I, The Participant, Parent or Legal Guardian, participate in this event totally at my own risk for injuries or property damage I or my family may incur and, I acknowledge that I, the Participant, Parent or Legal Guardian, et al, hereby release and hold harmless the sponsor, co-sponsors, their owners, their officers, directors, members, affiliated organizations and others acting on its behalf, from any claim, legal liability, legal action or right for damages, for any accident which may occur to me or my equine animal. I also assume and accept full responsibility for any damages done by me or my equine animal at this show, activity and/or event.

I, The undersigned, Participant, Parent or Legal Guardian, being of legal age, have read, understand and initialed the above agreement and release.

Name of Participant (Please Print)

Signature of Participant

Date

Name of Parent/Guardian (Please Print)

Signature of Parent/Guardian

Date