

- F. ACCIDENTAL/MEDICAL INSURANCE – I UNDERSTAND THAT: Should emergency medical treatment be required, I and/or my own accident/medical insurance company shall pay for ALL such incurred expenses. In the event of any emergency, the rider should be transported to **Knox Community Hospital**.
- G. PROTECTIVE HEADGEAR I, for myself and on behalf of my child and/or legal ward, have been advised that all riders and participants are highly recommended to wear a SEI CERTIFIED ASTM STANDARD F1163 Equestrian Helmet by THIS ASSOCIATION and do understand that the wearing of such head gear while mounting, riding, dismounting and otherwise being around horses, may prevent or reduce severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as the result of a fall and other occurrences.
- H. LIABILITY RELEASE – I AGREE THAT: In consideration of THIS ASSOCIATION allowing my participation in this activity, under the terms set forth herein, I, the rider, for myself and on behalf of my child and/or legal wards, heirs, administrators, personal representatives or assigns, do agree to hold harmless, release and discharge THIS ASSOCIATION, its owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises and trails, affiliated organizations, insurers and others acting on its behalf (hereinafter, collectively referred to as "ASSOCIATES"), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated due to THIS ASSOCIATION and/or ITS ASSOCIATES ordinary negligence; and I do further agree that except in the event of THIS ASSOCIATION'S gross and willful negligence, I shall bring NO claims, demands, actions and cause of action, and/or litigation against THIS ASSOCIATION and ITS ASSOCIATES as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child and/or legal ward in relation to the premises and operations of THIS ASSOCIATION, to include while riding, handling, or otherwise being near horses while on or off the premises of THIS ASSOCIATION.

Please check here if we have your permission to use photos of the rider for any media use.

All Riders and Legal Guardians must sign below after reading this entire document. Must contain signature of a parent or guardian. This waiver is good for the year of 2015 from the date it is signed for the rider unless it is revoked in writing by the person or their parent or guardian.

SIGNER STATEMENT OF AWARENESS

I/WE THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE AND ASSUMPTION OF RISK. I/WE FURTHER ATTEST THAT ALL FACTS RELATED TO THE APPLICATIONS PHYSICAL CONDITION, EXPERIENCE, AND AGE ARE TRUE AND ACCURATE.

SIGNATURE OF RIDER _____

DATE _____

Date of birth (if a minor, under the age of 18 years old):- _____

for

SIGNATURE OF PARENT AND/OR GUARDIAN _____

NAME OF RIDER (Please print) _____

DATE _____

Address in full: _____

Home Phone #: _____

Cell #: _____

(PLEASE READ CAREFULLY BEFORE SIGNING)