



VANKLEEK HILL FAIR HORSE SHOW LIABILITY WAIVER



It is hereby recognized that all equestrian sports involve inherent risks and that no helmet or protective equipment can protect against all foreseeable injury. I hereby accept this risk and hereby hold blameless the 2015 Vankleek Hill Fair Horse Show Committee and the Vankleek Hill Agricultural Society, its directors and members from all damages of any nature which may be occasioned by or to my animal(s) and/or owners and/or exhibitors and/or my representatives, and do further hereby undertake to indemnify the 2015 Vankleek Hill Fair Horse Show Committee and the Vankleek Hill Agricultural Society and its members against all claims or demands arising from any injury caused by the aforesaid animal(s) or by the negligence of any person or persons. I shall not hold the 2015 Vankleek Hill Fair Horse Show Committee and the Vankleek Hill Agricultural Society and its membership responsible for any accidents, injury or damage which might occur to me or anyone exhibiting my animal(s) or to anyone on the Fair Grounds while participating in any events in these horse shows or as a spectator on the show ground themselves.

SPECIAL NOTE: By signing this form, Parents or Guardians are specifically approving that riders in the Western Horse Show 17 years of age or under as of January 1st, 2015 may compete without a CEF approved safety helmet and are further assuming all risk ensuing from the decision NOT to wear a CEF approved safety helmet in the Western Horse Show.

PLEASE PRINT

HORSE OWNER INFORMATION & SIGNATURE

Name of owner:			
Address:			
Telephone:		Postal Code:	
Signature:		Date:	

COMPETITOR INFORMATION & SIGNATURE - 18 YRS. OF AGE & OLDER

Name:		Age as of Jan. 1/15:	
Address:			
Telephone:		Postal Code:	
Signature:		Date:	

PARENT/GUARDIAN INFORMATION & SIGNATURE - 17 YRS. OF AGE & UNDER

Name:		Age as of Jan. 1/15:	
Address:			
Telephone:		Postal Code:	
Signature:			

YOUR LIABILITY INSURANCE

Please note that liability insurance covering both the exhibitor and third parties is now required. **No Insurance – No Coggins – No Show – No Exceptions**

Insurance Company: _____
 Policy Number: _____
 & Expiry Date: _____