## HOLD HARMLESS AND INFORMED CONSENT TO PARTICIPATE IN NOOKSACK VALLEY RIDERS ASSOCIATION

SPONSORED EQUESTRIAN AND FUNDRAISING ACTIVITIES

For the August 1, 2023 – July 31, 2024 SEASON, Including Post Season Activities

**NOTICE**: Please read this document before signing. Signing this document affirms that you have read it and understand it in its entirety. **This is a ONE-TIME release, covering the entire above listed season**.

The Equine Activity Liability laws of the State of Washington, § RCW 4.24.540, state among its statutory provisions that "an equine activity sponsor or an equine professional shall not be liable for an injury to or the death of a participant engaged in an equine activity." WARNING OF INHERENT RISKS: Equine Activity is inherently dangerous and equines have: a) the propensity of the animal to behave in ways that may result in injury, harm, or death to persons on or around them; b) the unpredictability of the animal's reaction to outside stimulation such as sounds, sudden movement, and unfamiliar objects, persons, or other animals; c) collisions with other animals or objects; d) or the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within his or her ability.. An equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

## WAIVER AND INFORMED CONSENT TO PARTICIPATE IN NVR EQUESTRIAN AND FUNDRAISING ACTIVITIES

I, the undersigned, having read and understood the content of this document, agree and consent to the provisions contained herein. It is my intention and desire to participate in NVR equestrian-related activities including but not limited to, riding, competing, horse-handling, arena & ground crew, games, or being present at equestrian activities as an observer, volunteer, or other activity related, however slight, to equestrian activities at events held by the Nooksack Valley Riders Association. I hereby acknowledge that I am fully aware of the nature, purpose and risks of equine activities of the NVR. I acknowledge that these activities are potentially dangerous and that I voluntarily accept any of the inherent risks involved. In consideration for my being permitted to take part in these activities, I agree to be bound by the rules of the NVR and to obey the directions of the Show Committee, or other authorized personnel and other governing officials of activities. In the event of any disagreements or disputes arising from my taking part in these activities, I agree to submit such disagreements or disputes in writing to the NVR Board of Directors and abide by any decisions reached by such board. I agree to release, hold harmless, and keep indemnified the Nooksack Valley Riders Association, its organizers and agents, officials, servants, and representatives from and against all claims, actions, costs, expenses and demands in respect to death, injury, loss or damage to my person or property, howsoever caused, arising out of or in connection with my taking part in these events even if the same may have been contributed to or occasioned by the negligence of the said body or any of its agents, servants, or representatives. It is understood and agreed that this agreement is to be binding upon myself, my heirs, executors and assigns under the laws of the State of Washington related to Equine Activity Liability.

Participants, Parents, or Legal Guard	lians: Please Initial each	n box as is appropriate:	
I acknowledge that I, the Participant, Parent or Legal Guardian, will be responsible for any and a costs incurred by the participant or the participant's family members for injuries or property damage that I or my family may incur.  I acknowledge that I or the Participant, SHOULD 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 participants' head injurie in the event of a fall or other related accident. I also understand that ALL participants under 18 years of age MUST always wear a helmet while mounted.			
I acknowledge that I, the Parti at my own risk for injuries or puthat I, the Participant, Parent sponsor, co-sponsors, their of and others acting on its behalf for any accident which may or responsibility for any damage.  I, THE UNDERSIGNED PARTICIPAN UNDERSTAND THAT THIS IS A LEGUINDERSTAND ALICAND ALICAND ALICAND AND ALICAND ALICA	oroperty damage I or my or Legal Guardian, et. a wners, their officers, dir officers, directly of	y family may incur and I a al. hereby release and hol ectors, members, affiliate liability, legal action, or rig animal. I also assume ar se at this show, activity an GUARDIAN, BEING OF E READ AND UNDERST TE IT VOLUNTARILY AN	cknowledge d harmless the d organizations ht of damages, nd accept full d/or event.  LEGAL AGE, TOOD THIS D WITH FULL
Printed Name of Participant	d Name of Participant Signature of Participant if 14 or over		Date
Printed Name of Parent or Guardian	Signature of Parent or	Guardian if under 18	- Date
Street Address	City	State	Zipcode
Email Address		Home or Cell #	
PRINT: Emergency Contact Name		Contact Phone Number while at shows	
Participant's Birthdate	Age as of August 1, 2023 (ii	f under 18)	