

2022 MQHA Equine Review Jeff Temple Clinic Application

Maritime Quarter Horse Association Equine Review WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in the Events and Clinics being held in conjunction with the Maritime Quarter Horse Equine Review at Prince Louise Show Park Centre, Sussex, NB on May 13th through 15th, 2022, as well as any and all activities related to such events, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this type of event is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce the risk, the this of serious injury does exist and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation and
3. I willingly agree to comply with the stated and customary terms and conditions for participation in this event. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately and
4. I, for myself and on behalf of my heirs, assign personal representative and next of kin, HEREBY RELEASE AND HOLD HARMLESS, the Maritime Quarter Horse Association, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (Releasees), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
5. I agree to abide by all of the rules, relations, and policies of the Maritime Quarter Horse Association and the Princess Louise Show Park Centre while participating in the event.
6. Maritime Quarter Horse Association STRONGLY recommends owners take precautions to prevent the spread of disease by vaccinating their horses on a regular schedule as recommended by a licensed veterinarian.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

X _____
PARTICIPANT'S SIGNATURE EMERGENCY PHONE NUMBER

X _____
PRINT NAME DATE SIGNED

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all Releasees, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor (19 and under) child's involvement or participation in these programs as provided above.

X _____
PARENT/GUARDIAN'S SIGNATURE EMERGENCY PHONE NUMBER

X _____
PRINT NAME DATE SIGNED