



Minor Release and Waiver of Liability
Assumption of Risk and Indemnity Agreement
("Agreement")



Risk-Can Underwriting Managers

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WAIVER AND RELEASE OF LIABILITY

In consideration of _____, my child/ward being allowed to participate in any way in the R.I.D.E.R.S. (Riders In Dressage & English) _____ (Insured's Name) program, related events and activities, the undersigned acknowledges, appreciates and agrees that:

- 1. The risk of injury from the activities involved in this program is significant, including the potential for permanent disability, paralysis and death, and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist; and,
2. For myself, spouse and child, I knowingly and freely assume all such risks, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, risk which are readily foreseen or unforeseen, 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. 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, my spouse, my child and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby release and hold harmless the _____, (Insured's Name) their officers, officials, agents, administrators or volunteers, other participants and/or conduct the event ("Releasees"), with respect to any and all injury, disability, death or loss or liability or damage or cost to person or property, whether caused by the negligence of the releasees or otherwise.

NOTICE

The following forms are required to be filled out prior to any activities for each participant. Failing to fill our forms completely may result in a loss of coverage. Keep the completed waiver in your files; in the event of an accident we will require the form to be sent in.

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 ANY INDUCEMENT.

PARTICIPANT'S NAME (PLEASE PRINT) SIGNATURE OF PARTICIPANT DATE (MM/DD/YYYY)

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

PARTICIPANT'S NAME (PLEASE PRINT) SIGNATURE OF PARTICIPANT DATE (MM/DD/YYYY)