

HOLD HARMLESS AND INFORMED CONSENT TO PARTICIPATE IN  
**NOOKSACK VALLEY RIDERS ASSOCIATION**  
SPONSORED EQUESTRIAN AND FUNDRAISING ACTIVITIES

**For the August 1, 2020 – July 31, 2021 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 Guardians: Please Initial each box as is appropriate:

I acknowledge that I, the Participant, Parent or Legal Guardian, will be responsible for any and all 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 injuries 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 am over 18, have read the above statement regarding the wearing of helmets and am choosing to NOT wear one, understanding fully this risks that I am taking.

I acknowledge that I, the Participant, Parent or Legal Guardian, participate in this event totally at my own risk for injuries or property damage I or my family may incur and I acknowledge that I, the Participant, Parent or Legal Guardian, et. al. hereby release and hold harmless the sponsor, co-sponsors, their owners, their officers, directors, members, affiliated organizations and others acting on its behalf, from any claim, legal liability, legal action, or right of damages, for any accident which may occur to me or my equine animal. I also assume and accept full responsibility for any damages done by me or my horse at this show, activity and/or event.

I, THE UNDERSIGNED PARTICIPANT, PARENT OR LEGAL GUARDIAN, BEING OF LEGAL AGE, UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. I HAVE READ AND UNDERSTOOD THIS RELEASE AND I UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE. I HEREBY ASSUME ALL OF THE RISKS ASSOCIATED WITH EQUINE RELATED ACTIVITIES.

\_\_\_\_\_  
Printed 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

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Home or Cell #

\_\_\_\_\_  
PRINT: Emergency Name

\_\_\_\_\_  
Contact Number while at shows

\_\_\_\_\_  
Participant's Birthdate

\_\_\_\_\_  
Age as of August 1, 2020 (if under 18)