



WAIVER AND RELEASE OF LIABILITY AGREEMENT

For and in consideration of Equestrians Institute (the Organization) allowing me, the undersigned, to participate in any capacity (including as a rider, driver, handler, lessee, owner, agent, coach, official trainer, volunteer or spectator) at an Equestrians Institute sanctioned event (including competitions, shows, practices, clinics and related or incidental activities and The EI Schooling Show at WSHP); I for myself, and on behalf of my spouse, children, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns, hereby agree to and make the following contractual representations pursuant to this Agreement (the "Agreement").

Acknowledgement of Risk: I knowingly, willingly, and voluntarily acknowledge the inherent risks associated with the sport and that my physical presence at the venue and participation in the activity of Equestrians Institute may cause injury or illness that may lead to paralysis or death.

Release of Responsibility: Equestrians Institute, WSHP, Event Management and/or employees and volunteers will not be responsible for any accident, illness, death or loss that may occur to any person, exhibitor or his agent(s), horse and/or equipment.

COVID-19 Pandemic: All participants agree to follow the Washington State Horse Park rules and regulations imposed by the State of Washington Department of Health and/or the Kittitas County Department of Health. See WSHP Park Rules for more detailed information.

By signing below I acknowledge that I have read the foregoing Liability Release Waiver and understand its content; that I am at least eighteen (18) years old and fully competent to give my consent; that I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed; that I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same and free from any inducement or representation.

Check: Rider ___ Staff ___ Volunteer ___ Coach ___ Parent/Spectator _____

Name _____ Date _____ Phone _____

Signature _____ Email _____
If you are under 18 years old you must also have the signature of a parent/guardian.

P/G Signature _____ Email _____