

## REGION 9 AHA RELEASE AND INDEMNITY

I, \_\_\_\_\_ the undersigned (employee, staff, official, volunteer, participant, owner, invitee, vendor) [*circle one*] associated with 2024 Region 9 AHA Championship Horse Show which is to be held on the grounds known as the Will Rogers Memorial Center located in Fort Worth, Texas, May 25 - June 2, 2024 (Competition dates of May 28 - June 1, 2024).

Understand, acknowledge and agree that Region 9 AHA, a Region which is governed in part, by certain rules promulgated by the Arabian Horse Association and the United States Equine Federation, is a separate independent Non-Profit Corporation organized under the laws of the State of Texas to promote the Arabian Horse, its owners and members.

In keeping with my understanding of the above, agree to release, indemnify and hold harmless Region 9 AHA, its Director, Board members, Officers, Employees, agents, servants, and or assignees from all liability regarding loss, cost, damage or expense, arising out of, attributable to, or accruing concurrently or in any sequence with a communicable disease. This applies even if loss or damage is classified as or resulting from an epidemic or pandemic by a national or international health authority.

This release and indemnity as used herein will include communicable disease being any infectious or contagious substance, including a virus, bacterium, parasite, microorganisms or other organism or any mutation thereof which induces or is capable of inducing physical distress, illness or harm; regardless of the method of transmission, whether direct or indirect, including airborne transmission, bodily fluid transmission, transmission from or to any surface or object, solid, liquid or gas between humans, animals, or from any animal to any human or any human to any animal.

Further, the undersigned agrees to indemnify Region 9 AHA for any act by a third party, agent, employee, heir, assignee, or servant or invitee of the Undersigned.

The Undersigned will be responsible for all cost, including attorney's fees incurred by Region 9 AHA for action of the undersigned or others described herein.

This Release and indemnity agreement will be governed under the laws of the State of Texas.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Parent or Guardian Signature required if under 18 years of age

Name of Participant if under 18 years of age: \_\_\_\_\_