

West Georgia Junior Rodeo Pole Bending Clinic/Jackpot

The undersigned voluntarily makes and grants this Wavier in favor of West Ga Jr Rodeo, the Exodus Ranch, all involved stock contractors and agents of West Ga Jr Rodeo and the Exodus Ranch and does hereby waive and release any and all claims whether in contact or personal injury, bodily injury, property damage, damages, losses and/or death that may arise from my participation in, or observing the Pole Bending Clinic/Jackpot

I understand and recognize that there are certain risks, dangers and perils connected with participating in working with, or around live stock, including horses, to which I hereby acknowledge and understand, and which I nevertheless accept, assume and undertake.

I understand, acknowledge and agree that "Rodeo" (together with all its constituent parts or events, Pole Bending) is an inherently dangerous sport or activity, and I do further hereby certify that I am over the age of 18, that I am a competent adult assuming these risks of my own free will, being under no compulsion or duress. Or I am the parent or legal guardian of the participating minor and give my consent and understand and assume the risks involved and allow my child to ride of my own free will.

This Waiver is effective on any and all occasions that I may ride or be in contact with the rodeo stock provided by or clinicians of West Ga Jr Rodeo and its Sub Contractors, and may not be revoked, altered, amended, rescinded or voided without the express prior written consent of West Ga Jr Rodeo. I will not hold West Ga Jr Rodeo, the Exodus Ranch, or any of their agents or stock contractors, or anyone involved with this rodeo/clinic, responsible for injury or death of any clinic or jackpot participant. I understand that I am responsible for my own insurance and well being.

In Plain language.

I am **voluntarily** participating in a clinic with live animals. I/my child/ward, could be seriously injured or killed. I understand that by voluntarily participating, or allowing my child/ward to participate that I AM FULLY RESPONSIBLE FOR ANY INJURY OR DEATH AND WILL NOT HOLD WEST GA JR RODEO, THE EXODUS RANCH, OR ANY OF THEIR ASSOCIATES FINANCIALLY OR LEGALLY RESPONSIBLE IF I/MY CHILD/WARD IS INJURED OR DIES during, or as a direct result of participating in the POLE BENDING CLINIC/JACKPOT held at the Exodus Ranch on February 8, 2020

THIS FORM MUST BE SIGNED AND NOTARIZED BY PARTICIPANT OR PARENT/LEGAL GUARDIAN BEFORE PARTICIPATING IN THIS CLINIC!

Name of participant _____

Participant Date of Birth _____

Participants Signature (if 18 or over) _____

Parent or LEGAL Guardian Name _____

Parent or LEGAL Guardian Signature (if participant is minor) _____

Notary Signature and Seal _____