

Event Name: _____

Location: _____

Date: _____

BCHC Unit Sponsoring Event: _____
(Event Sponsor, hereinafter referred to as "This Unit")

**PLEASE READ THIS AGREEMENT CAREFULLY BEFORE SIGNING.
EVENT SPONSORS DO NOT GUARANTEE YOUR SAFETY**

- 1. Voluntary Participation:** I agree that I, the undersigned, do for myself or on behalf of my child, spouse or legal ward, hereby voluntarily participate in the above event and that I/we participate in this event at our own risk for injuries or property damage we may incur.
- 2. Incident Costs Responsibility and Medical Insurance Disclosure:** I agree that I/we will be responsible for any and all costs incurred by us for injuries or property damage and that I/we are covered by accident-medical insurance now in force.

Name of Accident-Medical Insurance Co.: _____

Policy Number (if known) : _____

- 3. Personal Responsibility:** I agree that I am responsible for my negligent acts and those of my family members and/or legal wards and animals.
- 4. Personal Financial Losses:** I agree that I am responsible for my own financial loss for theft or damage to my tack, equipment, vehicles, trailers and horses while participating in this event.
- 5. Protective Headgear Warning:** I agree that I have been fully warned and advised by **This Unit** that protective headgear is strongly recommended and that this headgear should meet SEI Certified ASTM Standard F 1163 Equestrian Helmet.
- 6. Liability Release:**

I hereby agree that I (undersigned), my family members, my heirs, administrators, personal representatives and assigns, do agree to hold harmless, release and discharge **This Unit**, its officers, directors and representatives, assigns and members, premises owners, insurers and others acting on **This Unit's** behalf of all claims, demands, causes of action and legal liability whether the same is known or unknown, anticipated or unanticipated due to **This Unit's** negligence; and I do further agree, I shall bring no claims, demands, legal actions and causes of actions, against **This Unit** and/or its members, officers or associates for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to the operations or premises of **This Unit**, to include, but not limited to, while riding, handling or otherwise being near horses or other equine species.

Names of all minor participants in this event for whom I am legally responsible:

1. _____
2. _____
3. _____
4. _____

STATEMENT OF AWARENESS

I, the undersigned, being of legal age, have read and understand the foregoing Agreement and Release Waiver. (Each legal age participant, spectator, or parent/ legal guardian of the minors listed above, must sign below.)

Signature of Participant _____

Date _____

Signature of Parent/Legal Guardian _____

Date _____

Address (City, State, Zip Code) _____

Telephone Number _____