

OMIQHA YEAR 2025 – LIABILITY & MEDICAL RELEASE
Please Complete 1 Form Per Year
One Per Family

1st EXHIBITOR _____

2nd EXHIBITOR _____

3rd EXHIBITOR _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

I acknowledge that horseback riding is a sport which carries inherent risks of injury and damage to myself, others, horses, and property. I KNOWINGLY ASSUME ALL RISKS. In consideration of my participation in this event I will defend, indemnify, and hold harmless the Ohio Michigan Indiana Quarter Horse Association, AQHA, Garwood Arena, The Champions Center and any agents or employees of the above against all claims, demands, and causes of action including court costs and actual attorney's fees, arising from any proceeding or lawsuit brought by or prosecuted for my benefit. This agreement is binding on my executors, heirs, and assigns. My signature on this form acknowledges that I have read this liability and medical release and know and understand its contents.

_____ Date _____
Signed/Exhibitor (Or if minor, Parent, Guardian or Responsible Party)

Emergency Information

Stabled with _____ Phone Number _____

Hotel _____ Phone Number _____