

**NEW DRESSAGE ASSOCIATION (NEWDA)  
PARTICIPANT ACKNOWLEDGMENT AND WAIVER**

In consideration of NEWDA, including any/all of its chapters or subsidiaries, allowing me to participate in the following sponsored event, I agree to the following:

EVENT: **NEWDA Central Chapter Dressage Schooling Show**  
LOCATION: **Circle E Equestrian Stable, Seymour, WI**

DATE: **Saturday, June 2, 2018**  
JUDGE: **Megan Dischler, L graduate**

- 1. Acknowledgement of Inherent Risks of Equine Activities/Assumption of Risks.** Participant acknowledges that there are numerous inherent risks of equine activities, whether preparing for, entering, participating in, or leaving the Event. The inherent risks include those dangers and conditions which are an integral part of equine activities, including, but not limited to: (a) the propensity of an equine or other animal to behave in ways that may result in injury, harm, or death to persons on or around them; (b) the unpredictability of the equine's reaction to such things as sounds, sudden movements and unfamiliar objects, persons or other animals; (c) certain hazards such as surface or subsurface conditions; (d) collisions with other animals or objects; (3) the potential of participant or other attendee to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or not acting within his or her ability; (f) the breakage or failure of tack or other equipment; and (g) the potential that an equine or animal may cause injury or harm to the rider or other persons or animals in the vicinity. Participant understands that approved riding helmets are required when mounted for all riders. Participant is not relying on NEWDA to list within this document all possible inherent risks or all risks of participating in any of the Activities at any location.
- 2. Waiver and Release of Liability.** With full knowledge and appreciation of these and other inherent risks associated with equine activities and the Activities, participant freely and voluntarily assumes the risks of the equine activities involved in any aspect of them. In this connection, participant also voluntarily agrees to waive any and all rights to sue and hereby releases NEWDA, facility management and personnel, judge, and clinician, as well as all other participants of the show, and the assigns of same, from all liability, loss, claims, or actions for injury, death, expenses, or damage to person or property resulting from the inherent risks of the Event, or resulting from any action or inaction by the NEWDA. This waiver and release is effective even if the injury, death or damage to person or property is caused by, or contributed to by, actions or failure to act of NEWDA and which actions or inactions constitute ordinary negligence or a violation of any applicable law pertaining to equine activity liabilities. Neither participant nor participant's representatives shall make any claim against, maintain an action against, or recover from NEWDA or its sponsors, directors, officers, members, employees, agents, volunteers, representatives, designated officials, or others acting on their behalf for injury loss, damage or death of the participant, to the participant's horse, or to the participant's personal property (regardless of ordinary negligence by NEWDA or regardless of an alleged violation of an applicable equine activity liability law.)

**RIDER (Mandatory)**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_

**OWNER (Mandatory)**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_

I, the undersigned, am one of the parents of the above-named minor participant (and/or the duly appointed legal guardian of such minor), and I have full authority to sign this waiver for and on behalf of the minor. My signature on this form constitutes expression of my understanding and consent to the total and unconditional waiver set out above.

**PARENT (Required if rider is under the age of 18; signature of parent or legal guardian on behalf of minor participant)**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_

**EMERGENCY CONTACT (Mandatory)**

Name & Relationship (Print) \_\_\_\_\_ Cell Phone \_\_\_\_\_