

PARENTAL/GUARDIAN CONSENT, AUTHORIZATION, RELEASE & INDEMNITY

And I, the Participant's parent and/or legal guardian, have read this Agreement and fully understand its terms. I understand the nature of the Activities, the associated Risks of the Activities and the Participant's experience and capabilities and represent that the Participant is qualified, in good health and in proper physical condition to participate in such Activities. **I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES INCURRED AS A RESULT OF THE PARTICIPANT'S PARTICIPATION IN THE ACTIVITIES.**

I HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE THE "RELEASEES" FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES WHENEVER OR HOWEVER ARISING AS TO INJURY, DEATH AND/OR PROPERTY DAMAGE OCCURRING AS A RESULT OF PARTICIPANT'S PARTICIPATION IN THE ACTIVITIES OR CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE. I agree to indemnify, hold harmless and defend "RELEASEES" at my expense, from any and all liability, whenever or however arising, from all third party claims, demands, causes of action, suits, judgments, liabilities, costs and expenses of any nature arising out of (i) Participant's negligent act(s) or omissions during or related in any way to the Activities; and/or (ii) Participant's willful act(s) or omission(s) during or related in any way to the Activities; and/or (iii) any misinformation or misrepresentations made by the Participant or me in this Agreement. I agree to pay any of "RELEASEES'" costs, expenses and reasonable attorney fees incurred, arising directly or indirectly out of or with respect to any third party claims or associated with the enforcement of the indemnity obligations referenced above.

Should the Participant not abide by the established rules of conduct and I am not in attendance at the World Show, I understand that the Participant will be returned home, and I agree to pay for the necessary transportation expenses for the Participant and the accompanying chaperone. I authorize those in charge of the delegation to make medical arrangements for the care of the Participant as deemed necessary. I further authorize any licensed medical person/facility to treat the Participant. I agree to assume full financial responsibility for any medical services provided.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT. By submitting this document to AQHA, I hereby agree to be bound by all the terms and conditions of AQHA's *Official Handbook of Rules and Regulations*.

ALL INFORMATION BELOW IS REQUIRED

Parent/Guardian Signature*: _____ Date: _____

Printed Name of Parent/Guardian: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Trainer or person having care, custody and control over the horse: _____

Cell phone number of trainer or person in care of horse: _____

*If Legal Guardian, court-issued documentation must accompany entry if not already on file with AQHA—NO EXCEPTIONS.

PLEASE TURN THIS PAGE OVER

AND HAVE THE YOUTH EXHIBITOR COMPLETE.

We cannot accept without both the participant (exhibitor)

and parent/guardian signatures.