



**New Jersey Horse Association Release of Liability**

This agreement releases The New Jersey Horse Association (NJHA), Gloucester County Dream Park, directors, officers, board members, employees, representatives and agents from all liability or claims of any nature relating to any and all risks that may occur while attending the July 18<sup>th</sup>, 2020, August 22<sup>nd</sup>, 2020, September 6<sup>th</sup>, 2020 and September 20<sup>th</sup>, 2020. By signing this agreement, I agree for myself and on behalf of my family, spouse, estate, heirs, executors, administrators, assigned personal representatives and any minor over whom I have custody or control or serve as a guardian to hold NJHA and all others listed above free from liability, including financial responsibility for injuries, sickness or death incurred, regardless of whether injuries or sickness are caused by negligence or otherwise. I also acknowledge the risks above include, but are not limited to, the potential spread of COVID-19 that could result in severe illness or potential death. I am participating voluntarily, and any and all risks have been made clear to me which I fully understand and accept. I will adhere and practice proper social distancing, good hygiene, (handwashing, hand sanitizer, masks where required and follow all other health recommendations ordered by show management). I do not have any conditions that will increase my likelihood of contracting COVID-19. I also do not have a fever or other symptoms of COVID-19. Should I become ill, whether before or after attendance at the show, I promise to self-report the illness, self – quarantine and will adhere to testing and other illness related guidelines.

By signing below, I forfeit all right to bring a lawsuit or claim against any of the above listed entities for any reason.

I, \_\_\_\_\_, fully understand and agree to the above terms.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Name (Print)

\_\_\_\_\_  
Email

Address \_\_\_\_\_

Telephone \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature (if under 18 years of age)

\_\_\_\_\_  
Date