



## RELEASE OF LIABILITY

This agreement releases **The WEST VIRGINIA QUARTER HORSE ASSOCIATION, WINFIELD RIDING CLUB & show vendors and/or their directors, officers, employees, representatives and agents** from all liability or claims of every nature relating to any/all risks that may occur while attending any show at Winfield Riding Club held by Winfield Riding Club or WVQHA. By signing this agreement, I agree, for myself and on behalf of my family, spouse, estate, heirs, executors, administrators, assigns, personal representatives, and any minor over whom I have custody or control or serve as guardian (collectively "I") to hold **WEST VIRGINIA QUARTER HORSE ASSOCIATION** and all others listed above entirely free from any 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 involved 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/all risks have been made clear to me which I fully understand and accept. I will practice proper social distancing as recommended by health department directives, good hygiene (handwashing, hand sanitizer, mask/gloves when required) and follow all other health recommendations ordered or suggested.

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 either or both shows, 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 suit or claim against, **WEST VIRGINIA QUARTER HORSE ASSOCIATION, WINFIELD RIDING CLUB, show vendors and/or their directors, officers, employees, representatives and agents** for any reason. I will also make every effort to obey safety and health directives.

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

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

Participant Name (PRINT) \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

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

Date \_\_\_\_\_