

WAIVER AND RELEASE OF LIABILITY

I confirm that every rider and/or horse is eligible as entered and agree for myself and my representatives to be bound by the rules and regulations of **The Medicine Hat All Breed Horse Show** at this competition.

I understand the equestrian sport involves innate risk and that no protective equipment can protect against all foreseeable injury. I acknowledge that the equestrian sport and its competitions are a high risk sport and that I am participating at my own risk with full knowledge of the hazards and potential hazards which are inherent in this sport.

In consideration of being permitted to participate in or in consideration of a horse owned by myself being permitted to participate at this competition, I assume all risk and agree to hold harmless **The Medicine Hat All Breed Horse Show**, the show committees, the organizers, the competition, their officials, organizers, agents, volunteers, employees and their representatives, as well as **The Medicine Hat Exhibitions and Stampede Co.**, its officers, directors, agents, employees, volunteers, and associates from all responsibility, liability, claims, demands, and actions, either in law or in equity, arising from mine or my horse's participation in **The Medicine Hat All Breed Horse Show**.

This assumed risk includes any bodily injury or personal injury (known or unknown), death, or property damage, including injury or damage to my horse, resulting from any accident which may have occurred as a result of mine or my horse's participation in this competition, or any activities in connection with the competition, whether negligent or otherwise.

I confirm that in making this entry I have read and fully understands and agree to its terms and conditions and that it is binding upon my heirs, executors, administrators, and assigns.

Signature of Owner: _____ Date: _____

Signature of Rider: _____ Date: _____

(If the rider is under 18 years of age, the Parent/Guardian must also sign below)

I acknowledge as Parent/Guardian of _____ that I have read and fully understand and agree to the terms and conditions stated on behalf of _____ and myself.

Signature of Parent/Guardian: _____ Date: _____

I/we confirm there is liability coverage in force with respect to the ownership of the competing horse(s).

Yes ___ No: ___ Signed: _____ Date: _____

Entries to be complete on Line at www.mhstampede.com/horse-show

If you do not have the ability to do online entries: Entries may be sent by mail or dropped off at Stampede Office. Please be aware that online entries will be entered into the system immediately, entries that are received by mail or dropped off will be entered into the system when a volunteer's schedule permits. Divisions with entry limitations (Dressage) will be counted when the Entry is entered into the online system.

Please email/ fax a copy of your Waiver and Release of Liability and copy of Provincial Membership

Email to: mhstampede@mhstampede.com

Or

Fax entries to: 403-529-6553

Or

Mail entries to:
Medicine Hat Exhibition & Stampede
Box 1298
Medicine Hat, AB T1A 7N1

For any questions please contact 403-527-1234