Enter Show Name and Date here

**LIABILITY RELEASE**: MUST BE COMPLETED FOR ALL CLINIC AND/OR SHOW RIDERS

By signing and submitting an entry form, the Exhibitor acknowledges and agrees that they:

1. Have read and understand the GSVRHA and WSVRHA rules and guidelines

2. Agree to abide by all WSVRHA/GSVRHA rules

3. Certify that all information on the entry is true and correct

4. Horseback riding is a dangerous sport and we recommend all riders wear a helmet. If riders choose not to wear a helmet, they do so at their own risk.

By signing below, I/we are waiving our right, if any, to claim against, maintain an action against, or recover from any equine sponsors, equine professionals, or any other person for injury, loss, damage or death resulting from any of the inherent risks of this equine activity. I/we request to enter the event indicated and agree to abide by the bylaws, standing rules, judging and rules of the respective organizations involved in this event. I/we hereby release GSVRHA/WSVRHA/***your ranch/facility and your names here***, its Agents and Employees and other involved organizations and its members and employees from any loss to myself, employees, agents, horses, and/or equipment while attending and/or participating in this event. The provisions contained herein are hereby made a part of this entry agreement. In addition, the general understanding of any “publication, video and internet consent and release agreement is incorporated in this release including: no monetary considerations, photo, video or verbal statements may be used now and in subsequent years as the program deems fit, is binding upon heirs and/or future legal representatives.

Participant (printed name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant (signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature (if Participant is a minor)

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