

Ludwig's Corner Horse Show 2020

Please complete, sign & bring with you to the show. This form will be collected at the entrance for ALL persons entering the grounds. You will be given a wristband to wear for the duration of the event.

Print Participant Name: _____

ASSUMPTION OF RISK: I understand the Risks that may be caused in whole or in part or result indirectly or indirectly from the negligence of my own actions, the actions or inactions of others participating, or the negligent acts or omissions of the Released Parties below, and I hereby voluntarily and knowingly assume all such Risks and responsibilities for any damages, liabilities, losses, illness, or expenses that I incur as a result of my participation at the event. I also agree to be responsible for any injury or damage caused by me, or my horse.

WAIVER AND RELEASE OF LIABILITY, HOLD HARMLESS AND INDEMNITY: I hereby release, waive and covenant not to sue, and further agree to indemnify and hold harmless the following parties: the LUDWIG'S CORNER HORSE SHOW ASSOCIATION/FOUNDATION, Event participants; all directors, officers, employees, agents, contractors, and volunteers of the aforementioned parties ("Released Parties"), with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss, accident, illness, harm (including death) that may occur to any rider, attendant, animal, or equipment, or expense (including court costs and reasonable attorney fees) of any kind or nature which may arise out of, result from, or relate in any way to my participation in this event, including claims for Liability caused in whole or in part by the negligent acts or omissions of the Released Parties.

Any person attending this event (or their signatory) agrees to assume the risk of exposure to COVID19 and the consequences thereof, whether known or not, which may arise from the physical presence of people on the grounds. I understand and agree that it is my responsibility to wear a facemask or face covering on the grounds where there is a possibility of being within six feet of another individual, and when not mounted on a horse. If I am diagnosed with COVID19 within 14 days of leaving the event, I will notify show management.

By signing below, I (as the participant or as the Parent/Legal Guardian of the minor identified below) hereby accept and agree to the terms and conditions of this Agreement in connection with my (or my minor's) participation. If, despite this Agreement, I, or anyone on my behalf or the minor's behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liabilities as the result of such claim.

Participant Signature:

(Parent/Guardian if participant is a Minor)

_____ Date: _____

Cell # : _____ Email: _____

Emergency Contact Info:

Name: _____ Cell # : _____
