

Phone Number: _____

NAC of ADA Release, Wavier, and Hold Harmless Agreement

All participants of every entry (which include without limitation, the owner, lessee, trainer, manager, agent, coach, driver, rider, handler and the horse): 1. Shall be subject to the constitution and rules of NAC of ADA 2. Represent that every horse, rider, and handler is eligible as entered 3. Agree to be bound by the rules of NAC of ADA and of the competition and hold the officials, directors, employees, and volunteers harmless for any action taken 4. Agree that as a condition of and in consideration of acceptance of entry, they authorize NAC of ADA and/or the competition management to market, transfer, assign or otherwise make any use of any photographs, likenesses, films, broadcast, cablecasts, audio or videotapes taken of the horses(s) and participants(s) without compensation 5. Agree that they participate voluntarily in the competition fully aware that horse sports and the competition involve inherent dangerous risk, serious injury or death, and by participating they expressly assume any and all risks of injury or loss, and they agree to hold NAC of ADA, the competition and their officials, directors, employees, and volunteers harmless from and against all claims including claims based on negligence, breach of contract, strict liability and/or otherwise for any injury or loss suffered during or in connection with the competition, officials, directors, employees, or volunteers of the NAC of ADA competition.

UNDER ARIZONA LAW, AN EQUINE PROFESSIONAL, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE INJURY TO OR DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING IN INHERENT RISKS OF EQUINE ACTIVITIES CODE OF ARIZONA 12-553

BY SIGNING BELOW, I AGREE to be bound by all applicable rules, waivers, releases, terms, and provisions of this entry blank and provisions of this Prize List. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

RIDER:

Printed Name: _____

Signature: _____

Print Parent/Guardian name (if applicable): _____

Parent/Guardian signature: _____

OWNER/LESSEE:

Printed Name: _____

Signature: _____

*Volunteers make shows/clinics successful. To volunteer contact Kirsten Kuzmanic at 951 440 4615 or
kirstenk38@gmail.com*