

LCHA, Inc

Release, Assumption of Risk, Waiver and Indemnification

- I AGREE that I choose to participate voluntarily in the competition with my horse as a rider, driver, handler, lessee, owner, agent, coach, trainer or as a parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the competition involve inherent dangerous risks of accident, loss and serious bodily injury including broken bones, head injuries, trauma, pain suffering or death (“Harm”).
- I AGREE to release LCHA, The Lee County Civic Center and the competition from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm results, directly or indirectly, from the negligence of LCHA, The Lee County Civic Center and the competition .
- I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of LCHA, The Lee County Civic Center and the competition .
- I AGREE to indemnify (this is, to pay any losses, damages, or costs incurred by) LCHA, The Lee County Civic Center and the competition and to hold them harmless with respect to claims for Harm to me or my horse and for claims made by others for any Harm caused by me or my horse at the competition.
- I have read the USA Equestrian Federation Rules about protective equipment, including GR801 and EV113, and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge LCHA, The Lee County Civic Center and the competition strongly encourages me to do so while WARNING that no protective equipment can guard against all injuries.
- If I am a parent or guardian of a junior exhibitor, I consent to the child’s participation and AGREE to all the above provisions and AGREE to assume all of the obligations of this Release on the child’s behalf.
- I AGREE that LCHA, The Lee County Civic Center and the competition used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.
- I represent that I have the requisite training, coaching and abilities to safely compete in this competition.
- Every entry at this competition shall constitute an agreement and affirmation that all participants (which include without limitation the owner, lessee, trainer, manager, agent, coach, driver, rider, handler, and the horse) for themselves, their principles, representatives, employees, agents:
 1. Shall be subject to the bylaws and rules of the association.
 2. Represent that every horse rider, driver, and handlers eligible as entered.
 3. Agree to be bound by the bylaws and rules of the LCHA Inc. and will accept the final decision of the grievance committee on any question arising out of said rules and agree to LCHA Inc. and it’s members, officials, directors, employees, and volunteers harmless from an against all claims including injury or loss resulted, directly or indirectly from negligent acts or omissions of said officials, directors, employees, volunteers or agents of LCHA Inc. “I further agree that if damages shall be occasioned or loss occur, by fire or otherwise of the horses exhibited or to any vehicle or other article that I may send with such horses that I will make no claim or demand whatsoever kind or nature that may be occasioned by the horse exhibited by me or the negligence of the person in charge of such horses and to repay tot his competition, on demand, all damages it may sustain by reason of any claim or demand aforesaid.

WARNING: Under Florida law an equine activity, a sponsor or an equine professional is not liable for an jury or death of a participant in Equine activities resulting from inherent risks of equine activity.

BY SIGNING BELOW, I AGREE to be bound by all applicable LCHA Rules and all terms and provisions of this entry blank.

RIDER—(Mandatory) OWNER/AGENT—(Mandatory) TRAINER—(Mandatory if applicable)

Signature _____ Signature
_____ Signature

Print _____ Print
_____ Print

PARENT/GUARDIAN SIGNATURE—(Required if Rider/Handler is under 18 years old)

Signature _____

Print Parent/Guardian Name: _____

Emergency Contact Phone Number: _____