

DOOR COUNTY 4-H HORSE & PONY PROJECT -- REGISTRATION FORM & WAIVER OF LIABILITY

REGISTRATION FORM

NAME OF RIDER _____ AGE _____

ADDRESS _____

CITY, STATE, ZIP _____

PARENTS' NAME(s) (if under 18) _____

NAME OF HORSE _____ BREED _____

EMERGENCY CONTACT _____ PHONE _____

I agree to follow all 4-H rules, and will wear a helmet at all times when riding or driving my horse/pony.

VOLUNTEER RELEASE AND WAIVER OF LIABILITY

I, _____, know that horseback riding is an action sport carrying significant risk of serious personal injury, death or property damage.

I agree that as a participant / parent, I am responsible for my / my child's safety while participating in this event. I understand that the sponsors of this event are not responsible for the supervision of my child, or for my / my child's safety. I specifically RELEASE AND DISCHARGE, in advance, Door County from any and all liability, whether known or unknown, even though the liability may arise out of negligence or carelessness on the part of the sponsors. I agree to accept all responsibility for the risks, conditions and hazards that may occur whether they now are known or unknown.

Therefore, in consideration of the services performed by Door County with respect to the 4-H Horse and Pony Event, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Participant/Parent hereby knowingly, intentionally, purposively, freely, voluntarily, and without duress executes this Release under the terms below:

1. Release and Waiver. Participant/Parent does hereby FOREVER release, discharge, indemnify, hold harmless, defend, exonerate, and covenant not to sue Door County, and its supervisors, directors, employees, staff, agents, successors, and assigns from, against, or with respect to any and all liability, claims, or demands of any kind or nature whatsoever, whether at law, in equity, or otherwise, which arise or may hereafter arise directly or indirectly from participation in this event.

Participant/Parent SPECIFICALLY UNDERSTANDS AND AGREES that this Release FOREVER DISCHARGES Door County, and its supervisors, directors, employees, staff, agents, successors, and assigns from any and all liability or claim that the Participant/Parent may have against Door County, and its supervisors, directors, employees, staff, agents, successors, and assigns, with respect to any bodily injury, personal injury, illness, death, or property damage or loss that may result, directly or indirectly, from participation in this event, whether caused by the negligence of Door County, its supervisors, directors, employees, staff, agents, or otherwise, and in all cases to the fullest extent permitted by applicable law.

Participant/Parent also understands that Door County does not and shall not assume any responsibility for or obligation to provide financial assistance or other assistance to Participant/Parent, including, but not limited to, medical, health, or disability insurance in the event of injury, illness, or other claim or loss.

2. Medical Treatment. Volunteer does hereby FOREVER release, discharge, indemnify, hold harmless, defend, exonerate, and covenant not to sue Door County, and its supervisors, directors, employees, staff, agents, successors, and assigns from any and all liability or claim whatsoever which arises or may hereafter arise, directly or indirectly, on account of any first aid, treatment, or medical service rendered in connection with the Participant/Parent's Activities with sponsoring agencies working with Door County.

3. Assumption of Risk. The Volunteer SPECIFICALLY UNDERSTANDS AND AGREES that participation in this event is hazardous to Participant/Parent. Participant/Parent hereby expressly, specifically, knowingly, intentionally, purposively, personally, and solely assumes all risk of injury or harm which may result, directly or indirectly, from, during, or with respect to participation in this event, and FOREVER releases, discharges, indemnifies, holds harmless, defends, exonerates, and covenants not to sue Door County, and its supervisors, directors, employees, staff, agents, successors, and assigns from all liability or claim for injury, illness, death, or property damage or loss resulting from or with respect to participation in this event.

4. Insurance. The Participant/Parent understands and agrees that, Door County does not and shall not carry or maintain health, medical, or disability insurance coverage for any Participants/Parents.

5. Other. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Wisconsin, United States of America, and all other applicable laws, rules, and regulations wherever found, and that this Release shall be governed by and interpreted in accordance with the internal laws of the State of Wisconsin, United States of America. Jurisdiction and venue for any actions with respect to this Release shall only be had (excluding all other jurisdictions) in a tribunal of competent jurisdiction in Door County, State of Wisconsin, United States of America. Participant/Parent agrees that in the event that any clause or provision of this Release shall be held to be invalid by any tribunal of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be fully enforceable.

I SPECIFICALLY ACKNOWLEDGE THAT I PERSONALLY HAVE READ THE PREVIOUS PARAGRAPHS, AND I KNOW, UNDERSTAND, AND APPRECIATE THE RISKS THAT ARE INHERENT IN PARTICIPATING IN THIS EVENT. I UNDERSTAND THAT I AM PERMANENTLY GIVING UP SUBSTANTIAL RIGHTS, INCLUDING, BUT NOT LIMITED TO, MY RIGHT TO SUE. I HEREBY ASSERT THAT MY PARTICIPATION IS VOLUNTARY AND THAT I KNOWINGLY ASSUME ALL SUCH RISKS.

SIGNATURE OF PARTICIPANT: _____ **DATE:** _____

(TO BE COMPLETED BY THE PARTICIPANT, OR PARENT/GUARDIAN, IF UNDER 18)

If participant is under 18 – this release must be SIGNED in the presence of a NOTARY!
_____, being the parent and/or legal guardian of _____
_____ hereby consent to permit him/her to enter and/or participate in the 4-H Horse and Pony event, and that said minor is under the age of 18; namely, age _____, and that I hereby expressly release the 4-H Horse and Pony Committee, County of Door, and its Officers, as stated above.

PARENT'S AND/OR LEGAL GUARDIAN'S SIGNATURE: _____

Subscribed and sworn to this _____ day of _____, 20____, A.D. *(Place seal here)*
Notary Public _____
_____ County My commission expires _____



FOR OFFICE USE ONLY

FEE PAID: \$ _____ COGGINS: YES NO