

**EQUINE ACTIVITIES RELEASE AND LIABILITY WAIVER
HORSES CAN BE VERY DANGEROUS AND UNPREDICTABLE**

Release, Assumption of Risk, Waiver and Indemnification. This document waives important legal rights. PLEASE READ VERY CAREFULLY BEFORE SIGNING.

I, _____, agree to hold harmless in all manner possible, the Virginia Presidential Paso Fino Horse Association, Inc. HEREINAFTER REFERRED TO AS, ASSOCIATION VAPPFHA, IT'S OFFICERS, EMPLOYEES, VOLUNTEERS, AGENTS, BOARD OF DIRECTORS, AND DESIGNEES AND OTHER ASSOCIATES , USA EQUESTRIAN FEDERATION, AND THE PASO FINO HORSE ASSOCIATION, AND ALL THEIR AGENTS, EMPLOYEES, VOLUNTEERS, FROM CLAIMS FOR MONEY DAMAGES OR OTHER COMPENSATIONS FOR LOSS OR INJURY TO ME, MY HORSE(S), EQUIPMENT OR MINOR CHILDREN THAT I AM RESPONSIBLE FOR THEIR CARE OR GUARDIANSHIPS. I AGREE IN CONSIDERATION FOR MY PARTICIPATION IN ANY ASSOCIATION VAPPFHA SPONSORED OR ASSOCIATED EVENTS TO THE FOLLOWING:

I AGREE THAT I CHOOSE TO PARTICPATE VOLUNTARILY IN THE EVENT WITH MY HORSE(S) AS A RIDER, DRIVER, HANDLER, LESSEE, OWNER, BORRROWED, AGENT, TRAINER, GUEST RIDE, GUEST, PARENT OR GUARDIAN OF A MINOR PARTICIPANT. THIS EVENT OR OPPORTUNITY TO PARTICIPATE COULD BE A SHOW, TRAIL RIDE, CLINIC, OR OTHER RELATED ACTIVITIES. I AM FULLY AWARE AND ACKNOWLEDGE THAT HORSE SPORTS, EQUINE ACTIVITIES OF ANY SORT, OR OTHER RELATED ACTIVITIES INVOLVE INHERENTLY DANGEROUS RISKS OF ACCIDENT, LOSS, SUFFERING, DISABILITY AND POSSIBLE DEATH ("HARM" IN MANY MANNERS AND ACCIDENTS OR NEGLIGENCE .

I AGREE TO RELEASE THE USA EQUESTRIAN, PFHA, AND THE ASSOCIATION VAPPFHA, AND ALL OTHER PERSONS LISTED ABOVE WITHIN THIS DOCUMENT , SPONSORED EVENTS OR MEETINGS FROM ALL CLAIMS OF MONEY DAMAGES OR OTHERWISE ANY COMPENSATIONS WHATSOEVER , FOR ANY HARM TO ME, AND OR AS A PARENT OR GUARDIAN OF A MINOR CHILD TO THAT CHILD OR CHILDREN, OR MY HORSE OR PROPERTIES, FOR ANY HARM CAUSED BY ME OR TO ME OR MY HORSE TO OTHERS, EVEN IF THE HARM RESULTED DIRECTLY OR INDIRECTLY FROM THE NEGLIGENCE OF THE PFHA, USA EQUESTRIAN FEDERATION, ASSOCIATION VAPPFHA AND OTHERS NAMED PARTIES TO THIS DOCUMENT IN ABOVE PARAGRAPHS OR FOLLOWING PARAGRAPHS OR THE "EVENT" OR "MEETING".

I AGREE TO EXPRESSLY ASSUME ALL RISKS OF HARM TO ME OR MY HORSE OR MINOR CHILDREN THAT I AM GUARDIAN OR PARENT OF CHILD OR CHILDREN , RESULTING FROM NEGLIGENCE OF THE USA EQUESTRIAN FEDERATION, THE PFHA, THE ASSOCIATION VAPPFHA AND ALL OTHER PERSONS SPECIFIED IN THIS DOCUMENT FOR THE PURPOSE OF THIS RELEASE AND WAIVER, AND THEIR EVENT , MEETING, OR ACITVITIES WHATSOEVER.

I HAVE READ THE USA EQUESTRIAN RULES, PFHA RULES, VAPPFHA RULES, AND THE VIRGINIA EQUESTRIAN ACTIVITY LAW AND UNDERSTAND SAID RULES AND LAWS GOVERNING EQUINE ACTIVITIES INCLUDING ARTICLES 318 AND 1712, AND UNDERSTAND THAT I AM ENTITLED TO WEAR OR USE PROTECTIVE EQUIPMENT WITHOUT PENALTY AND I ACKNOWLEDGE THAT THE USA EQUESTRIAN FEDERATION, THE PFHA, AND ASSOCIATION VAPPFHA STRONGLY RECOMMEND AND ENCOURAGE ME TO DO SO WHEN PARTICIPATING IN ANY MANNER WHATSOEVER.

IF I AM THE PARENT OR GUARDIAN OF A MINOR EXHIBITOR, OR PARTICAPTE IN EQUINE ACITVITIES, I CONSENT TO THE CHILDS PARTICIPATION AND AGREE TO ALL OF THE ABOVE PROVISIONS AND AGREE TO ASSUME ALL AND ANY OF THE OBLIGATIONS OF THIS RELEASE ON THE CHILD'S BEHALF.

I AGREE THAT THE USA EQUESTRIAN FEDERATION, PFHA, AND ASSOCIATION VAPPFHA AND THEIR EVENTS AND OR MEETINS AS USED ABOVE ALSO INCLUDE ALL OF THEIR OFFICIALS, OFFICERS, BOARD OF DIRECTORS, DIRECTORS , EMPLOYEES, AGENTS, PERSONNEL , VOLUNTEERS, ASSOCIATES, AND AFFILIATED ORGANIZATIONS. THIS RELEASE ALSO RELEASES THE BOARD OF DIRECTORS, OFFICERS, AND VOLUNTEERS FROM ANY LEGAL TRANSACTION DUE TO THEIR NEGLIGENCE OR ERROR IN THEIR POSITION CONTRACTURALLY, OR OTHERWISE FROM ALL LIABILITY AND RESPONSIBILITY OR HARM DAMAGES MONETARY OR COMPENSATION WHATSOEVER AS FAR AS THE LONG ARM OF THE LAW IS TO ACCOMMODATE DAILY OPERATIONS OF A NON PROFIT CORPORATION WITHIN THE COMMONWEALTH OF VIRGINIA.

BY SIGNING BELOW , I FURTHER AGREE TO BE BOUND BY ALL APPLICABLE USA EQUESTRIAN FEDERATION, PFHA, ASSOCIATION VAPPFHA, AND THEIR AFFILIATES RULES WHATSOEVER. I AGREE I HAVE READ AND UNDERSTAND FULLY THIS DOCUMENTS AND ALL RULES OF ABOVE ORGANIZATIONS AND UNDERSTAND THEM FULLY. ALL AGREEMENTS AND CONSIDERATIONS STATED IN THIS DOCUMENT WILL BE CONSIDERED INTERPETED UNDER THE STATE OF VIRGINIA COMMONWEALTH LAWS .

MEMBER NAME/GUEST NAME PRINT PFHA # SOCIAL SECURITY # SIGNATURES

_____/_____/_____/_____/_____/_____
DATE / / _____
_____/_____/_____/_____/_____/_____
DATE / / _____
_____/_____/_____/_____/_____/_____
DATE / / _____

IF SIGNING ON BEHALF OF/FOR A MINOR CHILD LIST THE FULL NAMES OF THESE CHILDREN OF YOU AS A PARENT AND AS A GUARDIAN
HERE _____

PRINT YOUR NAME AS GUARDIAN / PARENT _____

YOUR SIGNATURE _____ DATED _____

LOCATION OF all YOUR SIGNATURES CITY & STATE. _____