

**Wisconsin Dressage & Combined Training Association
Waiver, Release and Hold Harmless Agreement**

Please read the following statements and indicate your understanding and agreement to them by signing below:

I, the undersigned, understand and believe that the use, handling and riding of horses involves a risk of physical injury to any individual undertaking such activities. I further know that any horse, irrespective of its training, usual past behavior and characteristics, may act or react unpredictably at any time. With full awareness of the foregoing, I am knowingly participating in a clinic taught by **Janet Foy** and sponsored by the Wisconsin Dressage and Combined Training Association (WDCTA) and I voluntarily engage in this activity. The possibility of injury is accepted as a risk inherent in work on and around horses.

I, the undersigned, understand that horseback riding is a rigorous activity, both physically and mentally demanding. I hereby represent that my horse and I have the requisite level of physical fitness and mental alertness to enable us to participate in the clinic for which this waiver is being obtained. Both my horse and I are in good health and free from injury, illness or other defects, which may impair our ability to engage in this activity.

I, the undersigned, also understand that riding instruction by its nature requires that the instructor issue direction in the form of "commands", and I understand that, while due deference must be given to such commands; I must and will use my own judgment whenever the situation demands it. I understand that all activities engaged in as part of the instruction are entirely voluntary and that I may elect not to comply with any suggested act. The Instructor is entitled to my attentiveness and good faith efforts to respond to his/her directives, but he/she neither is entitled to nor requests absolute obedience and it is expected that I will at all times be alert and thinking while on horseback.

I, the undersigned, understand that approved riding helmets are required when mounted for all riders.

I, the undersigned, expressly and voluntarily assume all risks attendant to horseback riding and related activities, including but not limited to those discussed in the foregoing paragraphs. I do hereby fully and forever release, discharge, and hold harmless **Janet Foy**, WDCTA, its officers and members, **Green Meadow Stables/dba David & Patricia Judd**, as well as all other participants of the clinic, and the assigns of same, from any and all claims which I, the undersigned, or my assigns, may assert as a result of physical injury to a horse or rider, or loss of property, that incurred while a participant using, handling, or riding a horse while a participant in the **WDCTA-SW Clinic with Janet Foy- September 10-12, 2010**. My signature on this form constitutes expression of my understanding and agreement to all that is stated above and my total and unconditional release of **Janet Foy**, WDCTA, its officers and members, Green Meadow Stables/dba David & Patricia Judd and other clinic participants.

In accordance with the Wisconsin Law relating to the limitation of civil liability regarding equine activities: "NOTICE: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in section 895.481(1)(e) of the Wisconsin Statutes."

Dated: _____ Signature of participant: _____

I, the undersigned, am one of the parents of the above-named minor participant (and/or the duly appointed legal guardian of such minor), and I have full authority to sign this waiver for and on behalf of the minor. My signature on this form constitutes expression of my understanding and consent to the total and unconditional waiver set out above.

Dated: _____
Signature of parent or legal guardian on behalf of minor participant

PLEASE PRINT:

Name of Participant _____

Address _____

City/State/ZIP _____ Phone _____