**VADA Fredericksburg**

**Reaching New Levels**

**www.vadaf.net**



**Clinic Rider/Auditor Release**

Today's Date: Clinic Name:

Rider needs to Read, Understand and Agree to the Release Form, shown below.

Please note: If this rider is a Junior, this Release Form MUST BE Read, Understood and Agreed to by the parent or guardian to be accepted.

VIRGINIA DRESSAGE ASSOCIATION FREDERICKSBURG CHAPTER (VADAF) Liability/Release Form:

1. The undersigned, understands that there are risks of injury and death inherent in all equine activities, including the event named above. Such risks include, but are not limited to: (i) the propensity of an equine to behave in dangerous ways which may result in injury to or death of participants in such activities: (ii) the inability to predict an equine's reaction to sound, movements, objects, persons or animals; and (iii) the hazards of surface or subsurface conditions. I assume all risks of injury, death, and /or injury or damage to property, including equines, associated with participation in equine activities. I waive all rights to sue VADA, VADAF, and/or any of their officers, directors, volunteers, employees and agents, the clinician at this event, the owner or lessor of the facilities where the event is held, and/or any sponsor of this event, for injury to or death of me, or where applicable, the junior rider named below, and/or for injury or damage to property, including equines. I agree to indemnify and hold harmless the foregoing parties from and against any and all such claims of injury, death or damage. This Liability/Release form is to be construed in accordance with, and to be as broad as permitted by, the Equine Activity Act set forth in the Virginia Code. I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

Signature of Rider (Signature of Parent or Guardian, if Junior Rider)

Print Name of Rider/Auditor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Parent/Guardian(if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rider/Auditor Cell Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: (name/phone):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Add’l Contacts (if needed):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_