



HORSE ARCHERY USA

RELEASE, ASSUMPTION OF RISK, WAIVER AND INDEMNIFICATION.

THIS DOCUMENT WAIVES IMPORTANT LEGAL RIGHTS. READ IT CAREFULLY BEFORE SIGNING.

I, _____, **AGREE** in consideration for my participation in any and all Horse Archery USA recognized and/or approved events or competitions ("Competition") to the following:

- I **AGREE** that "HAUSA" and "Competition" as used herein includes the Licensee and Competition Management, as well as all of the officials, officers, directors, employees, agents, personnel, volunteers and HAUSA affiliates.
- I **AGREE** that I choose to participate voluntarily in the Competition with my horse, as a rider, handler, lessee, owner, agent, coach, trainer, or as 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** that the use of archery equipment by myself and others during the Competition are inherently dangerous and high risk activities whether such archery equipment are discharged by myself or others.
- I **AGREE** that the risk of injury from horse archery and other known or unknown events and activities relating to horse archery is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist ("Harm").
- I **AGREE** to hold harmless and release HAUSA and the Competition from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm of any nature caused by me or my horse to others, even if the Harm arises or results, directly or indirectly, from the negligence of HAUSA or the Competition.
- I **AGREE** to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of HAUSA or the Competition.
- I **AGREE** to indemnify (that is, to pay any losses, damages, or costs incurred by) the HAUSA 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 while at the Competition. I have read HAUSA Rules & Safety Procedures, about protective equipment and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that HAUSA 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 competitor, I consent to the child's participation and **ACKNOWLEDGE** that **PARTICIPANTS UNDER THE AGE OF 18 ARE REQUIRED TO WEAR APPROVED ATSM/SEI HELMETS** and **AGREE** to all of the above provisions and **AGREE** to assume all of the obligations of this Release on the child's behalf. I represent that I have the requisite training, coaching and abilities to safely compete in this event.
- I **AGREE** that if I am injured at any Competition, the medical personnel treating my injuries may provide information on my injury and treatment to HAUSA on the official HAUSA accident/injury report form.

I have read and understand the HAUSA Release, Assumption of Risk, Waiver, and Indemnification. By providing my signature below, I acknowledge the aforementioned and agree to be bound by all applicable HAUSA Rules & Safety Procedures and all terms and provisions of this HAUSA Release, Assumption of Risk, Waiver and Indemnification.

Signature of Participant

Date

Print Name of Participant

Date of Birth [If Participant is Under 18]

IF Participant IS UNDER 18 YEARS OF AGE:

Signature of Parent or Legally-Appointed Guardian

Date

Print Name of Parent or Legally-Appointed Guardian

Phone Number of Parent/Guardian