

WOOD RIVER EXTREME SKI-JORING ASSOCIATION

WAIVER AND RELEASE FORM

BY SIGNING THIS LIABILITY DISCLAIMER I (UNDERSIGNED) ACKNOWLEDGE THE FOLLOWING: ("I" IS UNDERSIGNED FOR THE REMAINDER OF THIS DOCUMENT)

I FULLY UNDERSTAND THAT ENGAGING IN THE SPORT OF SKI-JORING IS A DANGEROUS AND UNPREDICTABLE ACTIVITY, WHICH COULD RESULT IN PERSONAL INJURY AND/OR DEATH. **IF ACCEPTED, INITIAL HERE _____

I UNDERSTAND THAT HORSEBACK RIDING, RACING, AND SKIING BEHIND A HORSE WILL EXPOSE ME TO ABOVE NORMAL HEALTH RISKS. I AGREE TO ASSUME AND ACCEPT THE DANGERS THAT OCCUR IN THE ACTIVITY OF HORSEBACK RIDING, SKIING, RACING, AND/OR SKIING BEHIND A HORSE. **IF ACCEPTED, INITIAL HERE _____

I AGREE THAT I AM RESPONSIBLE FOR MY OWN SAFETY.

**IF ACCEPTED, INTIAL HERE _____

I WAIVE AND RELEASE FOR MYSELF, MY HEIRS, EXECUTOR, AND ADMINISTRATORS ALL RIGHTS OR CLAIMS FOR DAMAGE WHICH I MAY HAVE NOW OR IN THE FUTURE AGAINST

WOOD RIVER EXTREME SKI-JORING ASSOCIATION, BOARD MEMBERS, SPONSORS, LAND OWNERS, RACE DIRECTORS, VOLUNTEERS, SPECTATORS, MUNICIPALITIES, STATES, ANY AND ALL CITY, COUNTY, AND STATE AGENCIES, WHICH WOOD RIVER EXTREME SKI-JORING EVENTS ARE, HELD.
**IF ACCEPTED, INITIAL HERE _____

I AGREE THAT ALL DECISIONS I MAKE AND ACTIONS THAT I TAKE ARE MY OWN. I AGREE TO PAY FOR ANY AND ALL MEDICAL EXPENSES WHICH MAY OCCUR AS A RESULT OF INJURY SUSTAINED DURING PARTICIPATION OF A WOOD RIVER EXTREME SKI-JORING ASSOCIATION SANCTIONED EVENT. **IF ACCEPTED, INITIAL HERE _____

****HORSE OWNER AND/OR RIDER ONLY****

I FULLY UNDERSTAND I AM RESPONSIBLE FOR THE HEALTH AND SAFETY OF THE HORSE. I WAIVE AND RELEASE ALL RIGHTS OR CLAIMS IN CASE OF INJURY AND/OR DEATH OF THE HORSE. I ALSO UNDERSTAND I AM FULLY RESPONSIBLE FOR ANY EXPENSES INCURRED IF THE HORSE IS INJURED.

**IF ACCEPTED SIGN HERE _____

I AGREE TO ALLOW WOOD RIVER EXTREME SKI-JORING ASSOCIATION OFFICIALS, RACE ORGANIZERS AND MEDIA REPRESENTATIVES THE USE OF MY NAME, PHOTOS, VIDEO TAPES, OR

COMMENTS TO HELP PUBLICIZE AND PROMOTE WOOD RIVER EXTREME SKI-JORING ASSOCIATION AND THE SPORT OF SKI JORING.

****IF ACCEPTED INITIAL HERE_____**

I UNDERSTAND THAT MY ENTRY FEE IS NON-REFUNDABLE. **IF ACCEPTED, INITIAL HERE_____

BY SIGNING BELOW, I HAVE READ AND FULLY UNDERSTAND THIS AGREEMENT, AND AM SIGNING IT VOLUNTARILY. **IF ACCEPTED, INITIAL HERE_____

PARTICIPANTS NAME (PLEASE PRINT): _____

PARTICIPANTS SIGNATURE: _____

PARTICIPANT'S INITIALS: _____ DATE: _____

GUARDIAN NAME (PLEASE PRINT): _____

GUARDIAN SIGNATURE: _____

GUARDIAN INITIALS: _____ DATE: _____