



# 2018 MAXVILLE FAIR FUN HORSE SHOW

## LIABILITY WAIVER

It is hereby recognized that all equestrian sports involve inherent risks, and that no helmet or protective equipment can protect against all foreseeable injury. I hereby accept this risk and hereby hold blameless the 2018 MAXVILLE FUN HORSE SHOW COMMITTEE and the KENYON AGRICULTURAL SOCIETY, its director and members from all damages of any nature which may be occasioned by or to my animal(s) and/or owners and/or exhibitors and/or my representatives, and do further hereby undertake to indemnify the 2018 MAXVILLE FUN HORSE SHOW COMMITTEE and the KENYON AGRICULTURAL SOCIETY and its members against all claims or demands arising from any injury by the aforesaid animal(s) or by the negligence of any person or persons.

I shall not hold the 2018 MAXVILLE FUN HORSE SHOW Committee and the KENYON AGRICULTURAL SOCIETY and its membership responsible for any accidents, injury or damage which might occur to me or anyone exhibiting my animal(s) or to anyone on the Fairgrounds while participating in any events in the Horse Show or as a spectator on the show grounds themselves.

Date: \_\_\_\_\_

### Exhibitor

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Age as of January 1st, 2018 (if under 18 years): \_\_\_\_\_

All entries are possibly subject to having personal information (e.g. name, general location) disclosed for publishing in local media. Due to the PIPED Act, please check here: YES  NO

Signature: \_\_\_\_\_

### Parent/Guardian

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Signature: \_\_\_\_\_

\*\*\* **MUST** be signed by Parent/Guardian\*\*\*

### Horse/Pony Owner

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

### EQUINE LIABILITY INSURANCE:

#### OWNER

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

#### RIDER

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_