

DISCLAIMER and HOLD HARMLESS AGREEMENT

Participants Name: _____

Event Name: _____ TEDDY BEARS PICNIC AT GLADSTONE _____ Date: _11/11-12/2023

This form must be signed by every person seeking access to the Event venue and every Event participant or if a minor their consenting parent, including each person who rides with the driver on a carriage or rides on a horse/pony not only during the actual Event but including any time from arrival at the Event venue to departure. I understand and agree that neither The Gladstone Equestrian Association, Teddy Bear Picnic Organizers, Hamilton Farm Gold and Equestrian Center and the United States Equestrian Team Federation and their officers, workers, volunteers or organizing committee nor the property owners accept or shall have any responsibility of any nature whatsoever for accidents, damage, injury or illness (including communicable diseases) to the horses, owners, riders, drivers, grooms, passengers, attendants, spectators, volunteers, or any other person or property in connection with the Event.

I am fully aware and appreciate that equine sports involve inherent dangerous risk of serious injury or death. By participating I do so voluntarily and expressly assume any and all risks of injury to me or loss of my horse(s) or equipment. I agree to and voluntarily waive the right to sue the above mentioned Associations, land owners and leasers, their officers, directors, employees, volunteers and organizing committee members from and against all claims for damages, including money damages, for an action taken or otherwise any harm caused by me or my horse to others, including whether arising from directly or indirectly from the negligence of the Gladstone Equestrian Association, Hamilton Farm Gold and Equestrian Center, The United States Equestrian Team Federation or the Event or the Event organizers.

I agree to self-monitor my temperature once daily prior to entering the event grounds and will not enter the facility if I have a; a. temperature of 100 F (38 C), b. exhibit any COVID-19 symptoms or have tested positive for COVID-19 with in the past 7 to 10 days, c. if I have been in contact with someone who has COVID-19 symptoms or who has tested positive for COVID-19 within the past 7 to 10 days.

I HAVE CAREFULLY READ THIS DOCUMENT IN ITS ENTIRETY, UNDERSTAND ALL OF ITS TERMS AND CONDITIONS, AND KNOW IT CONTAINS AN ASSUMPTION OF RISK, RELEASE AND WAIVE FROM LIABILITY AS WELL AS HOLD HARMLESS AND INDEMNIFICATION OBLIGATIONS. BY SIGNING BELOW, I AGREE to be bound by all applicable terms and conditions of this DISCLAIMER and HOLD HARMLESS AGREEMENT.

Participant/Attendee Name: _____

Phone Number: _____ - _____ - _____ Email: _____

Address: _____

Participant/Attendee Signature (Parent’s name and signature if participant/attendee is a minor):

_____ Date: _____