Jackson County Horse Project

Release and Waiver of Liability

Date: _____

Event: _____

Place of Event: _____

I hereby understand that the ***Jackson County Horse Project*** is not responsible for any bodily injury or property damage. I promise to exercise the highest standard of care in being watchful and alert for potential dangers to my horse(s), other persons, and myself so that so that no injuries or losses shall occur. I agree that I will not institute any suit or action at law, or otherwise, any claim against the ***Jackson County Horse Project,*** the ***Officers of the Jackson County Horse Project*** or the ***Jackson County Ag Society***, including my ASSUMPTION OF RISK, and my RELEASE OF LIABILITY, shall continue in full force and effect at all times during which I am engaged as a rider with the Jackson County Horse Project on said date.

I have read and understand the above statements.

Print Riders Name: _____

Riders Signature: _____

Print Parent Name: _____

Parent Signature: _____

Jackson County Horse Project

Release and Waiver of Liability

Date: _____

Event: _____

Place of Event: _____

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I have read and understand the above statements.

Print Riders Name: _____

Riders Signature: _____

Print Parent Name: _____

Parent Signature: _____