IASPHA Summer Horse Show Participant Waiver of Release

Print Name	
Signature	Date
	ACT, EACH PARTICIPANT WHO ENGAGES IN AN EQUINE SING IN AND LEGAL RESPONSIBILITY FOR INJURY, LOSS, OR IN THE RISK OF EQUINE ACTIVITIES.
hold harmless IASPHA, Fields and Fences Equestrian Ce officers, employees, directors, shareholders and assign claims, demands, costs, and expenses, including reaso Exhibitor's business or it's use of the facilities of the Feart of the Exhibitor, it's agents, contractors, employed Equestrian Center. If any action or proceeding is broad	greement of the following: The exhibitor shall indemnify and inter or its managers and their respective agents, contractors, ins (together the "indemnities") harmless against any and all nable legal fees, arising from the conduct of management of fields and Fences Equestrian Center from any breach on the es, guests or invitees in/on the property of Fields and Fences ught against an indemnity by reason of any such claim, the end the action or proceeding by counsel acceptable to the
Fences Equestrian Center or the officials & volunteers closs or injury to horse, owner, rider or other persons of shall hold the horse show, the facility & it's manageme or property that may occur while on the premises or defields and Fences Equestrian Center or their owners or receive a diagnosis of COVID-19 during or following this	erican Saddlebred Pleasure Horse Association, Fields and of this show will be responsible for any accident, damage, or property. It is the condition of entry that each exhibitor and blameless for any loss or accident to any animal, person the uring the show. I further agree that I will not hold IASPHA, or employees responsible should I develop symptoms of or sevent. Furthermore, I agree to ride/drive at my own risk any accident or injury sustained by me or my horse while
guidelines that have been provided to me, including, b mask/covering at all times; following sanitizing protoc Horse Association as well as applicable local, state, and	and Fences Equestrian Center I am required to follow the ut not limited to: wearing a nose and mouth covering facial ol as set forth by the Illinois American Saddlebred Pleasure I federal agencies; practicing social distancing as outlined by gencies. Failure on my part to comply with any guidelines set result in a request to exit the property and denial of
2. Are you currently experiencing or have you had any Fever greater than 100.4F Shortness of breath or Difficulty breathing Persistent cough Shortness of breath or Difficulty breathing Shortness of breathing	of these symptoms in the last 14 days?
19 infection within the last 14 days? No Yes	ontact with someone with suspected of commined COVID-
Covid-19 Information - Required 1. To the best of your knowledge, have you had close of	contact with someone with suspected or confirmed COVID-