

**ICPHA**  
**Hold Harmless Agreement and Participant**  
**Release Waiver**

Club Name:	The Independent Contest and Pleasure Horse Association
Event:	ICPHA Scheduled Events
Dates Effective:	April 2012 – December 2012

**Please Read Carefully Before Signing!!**  
*Event Sponsors and Club Administrators Do Not Ensure Your Safety.*

Please Initial (a parent or legal guardian must initial if the participant is under the age of 18).

I acknowledge that I, the Participant, Parent or Legal Guardian, will be responsible for any and all costs incurred by the participant or participant's family members for injuries or property damage that I or my family may incur, and that I, the Participant, Parent or Legal Guardian, have accident medical insurance coverage in force for injuries that I or my family may incur.

\_\_\_\_\_  
Initial

I acknowledge that I, the Participant, Parent or Legal Guardian, will be responsible for my negligent acts, the negligent acts of my family members and/or legal wards and animals, and I, the Participant, Parent or Legal Guardian, do carry personal liability insurance coverage now in force.

\_\_\_\_\_  
Initial

I acknowledge that I, the Participant, Parent or Legal Guardian, should purchase and wear ASTM-standard/SEI certified equestrian helmets while participating in equine activities. I understand that the wearing of such headgear while participating in equine activities may reduce the severity of some of the participants' head injuries in the event of a fall or other related accident.

\_\_\_\_\_  
Initial

I acknowledge that I, the Participant, Parent or Legal Guardian, participate in this event totally at my own risk for injuries or property damage I or my family may incur and I acknowledge that I, the Participant, Parent or Legal Guardian, et. al. hereby release and hold harmless the sponsor, co-sponsors, their owners, their officers, directors, members, affiliated organizations and others acting on its behalf, from any claim, legal liability, legal action, or right of damages, for any accident which may occur to me or my equine animal. I also assume and accept full responsibility for any damages done by me or my horse at this show, activity, and/or event.

\_\_\_\_\_  
Initial

**I, the undersigned Participant, Parent or Legal Guardian, being of legal age, have read, understand, and initialed the above agreement and release.**

\_\_\_\_\_  
Name of Participant  
(Please Print)

\_\_\_\_\_  
Signature of Participant  
(Spouses must sign for themselves)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian  
(Please Print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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

Phone: \_\_\_\_\_