



WPHC ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES associated with the 2020 Wisconsin Paint Horse Club Open show, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by WPHC, or because of their possible liability without fault.

I am aware of the potential spread of COVID-19 that could result in severe illness and potential death. Therefore, I will, to the best of my ability, practice proper social distancing as recommended by health department directives, as well as practice good hygiene (handwashing, use of hand sanitizer, wearing of a mask if and when required, etc.)

I acknowledge that I do not have any of the following symptoms: cough, shortness of breath or difficulty breathing, fever, chills, muscle aches, sore throat, new loss of taste or smell. In the past month, I have not traveled outside of the USA or been in contact with anyone diagnosed with COVID-19. I acknowledge that the Wisconsin Paint Horse Club, Bounds Showtime Arena, LLC and any/all associating people/entities have taken all reasonable and appropriate measures to mitigate the spread of COVID-19 and have promoted social distancing. In return to being able to participate in this event, I agree to waive any liability claim for all injury, illness or other occurrence unconditionally.

I, the undersigned, agree to abide by the rules and regulations of the Wisconsin Paint Horse Club, and assume full responsibility for my horse, property, and person. In case of accident, illness, injury, death or theft to the exhibitor, their family, horses or property, including travel to and from the show, no claims will be honored either against the Wisconsin Paint Horse Club, this show, or Showtime Arena, LLC.

Participant's Signature _____ DATE: _____

Participant's Name (Please print legibly) _____

Parent/Guardian Signature if Participant is
under 18 years old _____ DATE: _____

Print Name of Parent/Guardian signing for minor child _____

EMAIL _____ CELL PHONE _____