

NORTH AMERICAN TRAIL RIDE CONFERENCE

www.natrc.org, natrc@natrc.org, 303-688-1677



WORKER LIABILITY WAIVER

WORKING ON COMPETITIVE TRAIL RIDES CAN BE DANGEROUS. WE REQUIRE VOLUNTEER WORKERS AND JUDGES TO ASSUME ANY AND ALL RISK BY SIGNING THE FOLLOWING RELEASE:

"I WISH to volunteer as a worker in the capacity of Judge, Judge's Recording Secretary, Driver, Safety Rider, Official Timer, Pulse & Respiration Worker, Rules Interpreter, Cook, or Helper in any capacity, including Management, for the _____ Competitive Trail Ride being held on _____ (date).

AS A VOLUNTEER on the _____ Competitive Trail Ride, I understand that working on a competitive ride is a high risk activity, which may involve being in remote areas for extended periods of time, far from communications, transportation and medical facilities; that these areas have many natural and/or manmade hazards which ride management cannot anticipate, identify, modify, or eliminate; that I will be on or near horses which can be excitable, difficult to control and unpredictable; that personal belongings can be damaged, lost or stolen; that I may be riding in vehicles on or off of public and private roads in remote areas and that accidents can happen to anyone at any time.

I AGREE TO ASSUME ALL RISKS ASSOCIATED WITH MY PARTICIPATION IN THIS ACTIVITY AND I ACCEPT FULL RESPONSIBILITY FOR MYSELF. THE UNDERSIGNED, on behalf of myself, my personal representatives, assigns, heirs and next of kin, hereby releases, indemnifies and agrees to hold harmless the NORTH AMERICAN TRAIL RIDE CONFERENCE, its directors and/or officers, ride management, ride personnel, volunteers, property owners where event takes place and/or any other individual members thereof (hereafter "the released parties") for any injury, accident, death and/or loss of any kind which arises out of this event and will indemnify and hold harmless the released parties from all liability for such injury, loss or death, even if such injury, loss or death arises from the alleged negligence of the released parties. I further agree that my participation in this activity constitutes an "equine activity" where it involves the handling of horses; and I further acknowledge that I have read and understand this state's Equine Activity Liability Act warning (if applicable), or similar warning, a copy of which is attached hereto and incorporated by reference herein. To the extent any dispute arises out of this agreement, the parties agree to submit said dispute to binding arbitration before a neutral arbitrator mutually selected by the parties, said arbitration to be conducted in accordance with the Rules of the American Arbitration Association. All such arbitrations shall be held in the county or district where NATRC™ National headquarters are located. If the prevailing party, NATRC shall be allowed to recover all costs and expenses incurred, including attorney's fees and costs. "MY SIGNATURE BELOW CONSTITUTES ACCEPTANCE OF THE ABOVE TERMS AND CONDITIONS. I HAVE READ AND UNDERSTOOD THIS LIABILITY RELEASE AND BINDING ARBITRATION CLAUSE."

Name of Rider/Participant (print)

Signature of Rider/Participant

Date

Workers/ volunteers 75 and older are covered by Accident & Medical Coverage for Volunteers & Officials only if Equisure has ADVANCE notice. (Send list to NATRC office before ride.) Signature of Parent(s) or Legal Guardian(s) who consent to Junior Rider/participant working and/or riding in Competition. Signature of at least one parent or legal guardian is required while the signature of both parents or legal guardians is preferred. Juniors age 12 and under are not covered by NATRC workers' insurance.

Parent/Legal Guardian 1 (print)

Signature of Parent/Legal Guardian 1

Date

Parent/Legal Guardian 2 (print)

Signature of Parent/Legal Guardian 2

Date

Name of Junior Rider/ Participant

Birthdate

Name of adult responsible for Junior

Phone

Owner of Equine, if different from rider (print)

Signature of the equine owner

Phone