

NORTH AMERICAN TRAIL RIDE CONFERENCE

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RIDER LIABILITY WAIVER (Rev. 4/2011)

The following must be signed and dated for entry to be valid:

"I WISH to enter and participate in the _____ Competitive Trail Ride, to be held at _____ on _____ (date)". "I HAVE READ the rules, conditions, and regulations of the event and will comply with them. I AGREE to abide by the rules of the North American Trail Ride Conference and the aforementioned ride. I UNDERSTAND that competitive riding is a high risk activity, which involves being in remote areas for extended periods of time, far from communications, transportation, and medical facilities; that these areas have many natural and/or man made hazards which ride management cannot anticipate, identify, modify, or eliminate; that horses can be excitable, difficult to control and unpredictable; that personal belongings can be damaged, lost, or stolen, 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 and the animal I am riding. As a condition precedent to my being allowed to participate in this activity, I agree that I WILL NOT SUE OR BRING ANY CLAIM AGAINST 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 REFERRED TO AS "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, ACCIDENT, DEATH OR LOSS, EVEN IF SUCH INJURY, ACCIDENT, DEATH AND/OR LOSS ARISES FROM THE ALLEGED NEGLIGENCE OF THE RELEASED PARTIES. I FURTHER ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS STATE'S EQUINE ACTIVITY LIABILITY ACT WARNING (IF APPLICABLE), A COPY OF WHICH IS ATTACHED HERETO AND INCORPORATED BY REFERENCE HEREIN. I HEREBY CERTIFY THAT MY HORSE IS NOT UNDER THE INFLUENCE OF MEDICATION AND WILL NOT BE TREATED WITH OR GIVEN ANY MEDICATION PROHIBITED BY NATRC RULES. I HEREBY GIVE PERMISSION TO THE NORTH AMERICAN TRAIL RIDE CONFERENCE OR THEIR DULY APPOINTED AGENT, TO TAKE ANY APPROPRIATE ACTION DEEMED NECESSARY TO CHECK FOR POSSIBLE ADMINISTRATION OF DRUGS TO MY HORSE.

Junior riders must wear an ASTM/SEI, Snell, or approved equal equestrian riding helmet at all times while mounted.

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 reasonable attorneys 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."

Signature of Rider: _____ Date: _____

Parents or Legal Guardian of Junior Volunteer: **(Signature of Both Parents Required)**

(First Parent)

(Second Parent)

Birth date of Junior Rider: _____

Name of adult responsible for Junior Rider: _____ Phone: _____

Owner of equine, if different from rider: (printed) _____ Phone: _____

Signature of equine owner: _____