

ANNUAL ASSUMPTION OF RISK AND COMPLETE RELEASE FORM

WARNING: UNDER INDIANA LAW (IN1995 AVT NO. 1551) AN EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO, OR DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES.

NAME _____
(PLEASE PRINT)

I recognize that The Indiana Fox Trotters Association Inc. which includes its officers, board members and member associates (hereafter referred to as "the IFTA") is the sponsor for many events at various locations throughout each year. I also realize that this release is intended to blanket cover all of these events regardless of location. I fully accept that the IFTA is in no way responsible for my safety when I am participating in one of these events, regardless of where it is held.

I FURTHER RECOGNIZE AND ACCEPT THE FOLLOWING:

1. That training, competition, work or any activity involving livestock are participation sports. I am fully aware of the risks and hazards involved in, or arising from, my use of or presence upon the facilities and premises and use of livestock or any other animal. I HEREBY ASSUME ANY AND ALL RISKS INVOLVED IN, OR ARISING FROM, MY USE OF OR PRESENCE UPON ANY OF THE FACILITIES USED BY THE IFTA, including, without limitation, the risks of bodily injury resulting from a collision between myself and another person, dog bite or any injury from any animal, or the negligent or deliberate act of another person.
2. TO RELEASE THE IFTA, including its board members, officers, associate members and all of their successors, assigns, affiliates, heirs, executors, and administrators, agents and assigns from, and AGREE NOT TO SUE ANY OR ALL OF THEM on account of or in connection with any claims, causes of action, injuries, damages, and expenses arising out of students/clients/participants use of the IFTA equipment, including, but not limited to, those claims for bodily injury, whether or not caused by the negligence or other fault of the IFTA, or of any dogs, cats, horses, cattle or other equipment supplied by the IFTA.
3. THIS RELEASE shall be binding upon my heirs, administrators, executors, assigns and legal representative.
4. TO WAIVE the protection afforded by the statute or law in any jurisdiction whose purpose, substance and /or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing the release.
5. TO PAY for any damage to facilities or equipment, or to pay veterinary bills for injured or, if necessary, replacement animal of same kind and quality, of which value will be determined at the time.
6. IF I IGNORE THIS AGREEMENT AND FILE SUIT, I WILL BE HELD RESPONSIBLE FOR ALL ATTORNEY FEES AND COURT COSTS INCURRED BY THE IFTA.
7. I HAVE READ AND UNDERSTAND THE INDIANA EQUINE LAW.
8. I HAVE READ AND UNDERSTAND THIS AGREEMENT, AND UNDERSTAND THAT BY MAKING AND SIGNING THIS AGREEMENT I SURRENDER VALUABLE RIGHTS, INCLUDING, BUT NOT LIMITED TO, MY RIGHT TO SUE.

DATE ____ / ____ / ____

SIGNATURE _____
If under the age of 18 must be signed by parent or legal guardian.

NOTE: This release form must be signed and submitted by every club member each year. It must also be signed by any non-club participant for each event.