2019 AEVA Jump Into June– Waiver and Release Horse In Hand, Blackfalds Alberta June 28-30 2019

RELEASE FORM - to be completed by all coaches, lungers, vaulters, grooms, boosters and volunteers

Alberta Equestrian Vaulting Association, Equestrian Vaulting Association of British Columbia, Saskatchewan Equestrian Vaulting Association, Vault Canada, Equine Canada, American Vaulting Association

On signing this agreement, I hereby consent and agree that the Alberta Equestrian Vaulting Association, the Saskatchewan Equestrian Vaulting Association, Vault Canada, Equestrian Canada, the American Vaulting Association, and the Equestrian Vaulting Association of British Columbia and their agents, officers, employees, contractors, or any cooperative person, including coaches, show officials and show management shall not be held responsible or liable for any loss, damage or injury to any coach, lunger vaulter, vaulter's horse (or equipment), groom, booster or volunteer, HEREBY KNOWN AS PARTICIPANTS, should it occur under any circumstance or use during the **2019 AEVA Jump Into June**

This release shall apply to and is binding on myself and upon my heirs and assigns. If this release is signed on behalf of a minor child, I specifically agree to indemnify and hold harmless each and every one of the above parties claiming through or on behalf of said minor child.

	_	and agree for myself and my representatives to be	
· · · · · · · · · · · · · · · · · · ·		on. It is hereby recognized that all equestrian sports	
		t against all foreseeable injury. I hereby accept this risk	
		mployees and their representatives. The person	
responsible (PR) agrees to the release of a	ny information on the entry form	to EC." (A802.4)	
"In the event that	participates in an Eque	strian Canada sanctioned competition where protective	
headgear is required for juniors, he/she wil	l wear properly fitted and fastene	d approved headgear at all times while riding or driving	
at the event location. It is understood that j	uniors not meeting this requireme	ent will not be allowed to compete at these	
competitions." (A802.6) Equestrian Cana	ıda		
PARTICIPANT NAME (print):			
		DATE:	
		<u> </u>	
		DATE:	
Permission to Seek Medical Treatment			
	•	d/or the 2019 Jump Into June Show Organizers to	
arrange first aid treatment and/or to arrange	e ambulance transfer for my mine	or child during the 2018 Jump Into June. I also grant	
permission to medical personnel to provide contacted.	my child with any and all neces	sary medical care if I am not present or cannot be	
	Chi	Child's date of birth:	
Parent or guardian's address:			
Parent/guardian's phone – Home	Work	Cellular	
Health Insurance Company:	Plan	number:	
	Last Tetanus vaccination:		
Permission to Publish Video			
	nizations to use any video record	ings of my performance, or that of said minor child, for	
	•	nderstand that these videos will be made available to	
the general public on the Internet.	notion of equestrian vaulting. I u	inderstand that these videos will be made available to	
SIGNATURE OF PARTICIPANT:			
DIGITAL UND OF LANTICHANT			

SIGNATURE OF PARENT/GUARDIAN IF PARTICIPANT IS A MINOR: ___