

2018 Main Street Dental Vaulting Spring Spectacular – Release Form

April 6 – 8, Moose Jaw, SK

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

SEVA, AEVA, EVABC, VaultCanada, Equestrian Canada

On signing this agreement, I hereby consent and agree that the Saskatchewan Equestrian Vaulting Association (SEVA), the Moose Jaw Exhibition Company 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 2018 Main Street Dental Vaulting Spring Spectacular Competition and Clinic.

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.

"I hereby certify that every horse, rider and/or driver is eligible as entered and agree for myself and my representatives to be bound by the Constitution and rules of Equestrian Canada at this competition. It is hereby recognized that all equestrian sports involve inherent risk and that no helmet or protective equipment can protect against all foreseeable injury. I hereby accept this risk and hold harmless EC, the competition, their officials, organizers, agents, employees and their representatives. The person responsible (PR) agrees to the release of any information on the entry form to EC."

(A802.4)

"In the event that _____ participates in an Equestrian Canada sanctioned competition where protective headgear is required for juniors, he/she will wear properly fitted and fastened approved headgear at all times while riding or driving at the event location. It is understood that juniors not meeting this requirement will not be allowed to compete at these competitions." **(A802.6) Equestrian Canada**

PARTICIPANT NAME (print): _____

SIGNATURE OF PARTICIPANT: _____ DATE: _____

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

RELATIONSHIP TO PARTICIPANT: _____ DATE: _____

Permission to Seek Medical Treatment

I hereby give permission to the 2018 Main Street Dental Vaulting Spring Spectacular Organizers to arrange first aid treatment and/or to arrange ambulance transfer for my minor child during the competition. I also grant permission to medical personnel to provide my child with any and all necessary medical care if I am not present or cannot be contacted.

Child's name: _____ Child's date of birth: _____

Parent or guardian's name: _____

Parent or guardian's address: _____

Parent/guardian's phone –Home _____ Work _____ Cellular _____

Health Insurance Company: _____ Plan number: _____

ID number: _____ Last Tetanus vaccination: _____

Allergies/health problems: _____

Permission to Publish Video (optional). I hereby give permission to the above organizations to use any video recordings of my performance, or that of said minor child, for the specific purposes of education and promotion of equestrian vaulting. I understand that these videos will be made available to the general public on the Internet.

SIGNATURE OF PARTICIPANT: _____

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