2018 AEVA Jump Into June– Waiver and Release Horse In Hand, Blackfalds Alberta June 1-3 2018

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, Equine 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 **2018 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.

"I hereby certify that every horse, rider and/or dr	river is eligible as enter	red and agree for myself and my representatives to be
	· ·	n. It is hereby recognized that all equestrian sports involve
• • • • • • • • • • • • • • • • • • • •	•	inst all foreseeable injury. I hereby accept this risk and
•		aployees and their representatives. The person responsible
(PR) agrees to the release of any information on a		
"In the event that	participates in an Eq	uine Canada sanctioned competition where protective
headgear is required for juniors, he/she will wear	properly fitted and fast	ened approved headgear at all times while riding or driving
at the event location. It is understood that juniors	not meeting this require	ement will not be allowed to compete at these
competitions." (A802.6) Equine Canada		
PARTICIPANT NAME (print):		
SIGNATURE OF PARTICIPANT:		DATE:
SIGNATURE OF PARENT/GUARDIAN IF PAI	RTICIPANT IS A MIN	OR:
RELATIONSHIP TO PARTICIPANT:		DATE:
Permission to Seek Medical Treatment		
	ian Vaulting Associatio	on and/or the 2018 Jump Into June Show Organizers to
	•	ninor child during the 2017 AEVA Spring Into Summer. I
		and all necessary medical care if I am not present or cannot
be contacted.	vide my china while any	and an necessary medical care is I am not present or cannot
	Child's date of birth:	
Parent/guardian's phone – Home	Work	Cellular
	Plan number:	
		ccination:

Permission to Publish Video

Allergies/health problems: ___

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 IE PARTICIPANT IS A MINOR.