



SOUTH WESTERN APPALOOSA & ALL BREEDS PERFORMANCE CLUB INC.

INDEMNITY, RELEASE & WAIVER FORM

I understand & acknowledge that all aspects of handling, working with and being in the vicinity of the riding horses is a dangerous activity and that horses can act in sudden and unpredictable (changeable) way at any time.

I understand & acknowledge that serious injury or death may result from any activity involving horses.

I agree that I compete in and /or attend any show, clinic or other organized event conducted by authorized by South Western Appaloosa & All Breeds Performance Club Inc. (SWA&ABPC Inc.) at my own risk and that I save harmless The SWA&ABPC Inc. and/or any management /committee appointed or authorized by the SWA&ABPC Inc. and shall not pursue The SWA&ABPC Inc. and/or any management /committee appointed or authorized by The SWA&ABPC Inc. and hold them liable for any personal injury, death, loss or damage to me or my children, employed, strappers or assistants, or any person attending the event on my behalf or at my bequest for any loss or damage occasioned to any of my possessions or horses whether such liability arises out of any express or implied term of law whether at common law or by statute, or through the negligence of any member of The SWA&ABPC Inc. and/or any management committee appointed or authorized by The SWA&ABPC Inc. arising in any manner whatsoever and I fully indemnify and save harmless The SWA&ABPC Inc. and /or any Management /committee appointed or authorized but The SWA&ABPC Inc. against any such claim howsoever and wheresoever such may arise.

My signing this indemnity and waiver acknowledges my reading of the document and my acceptance of its terms as a condition precedent to my competing or participating at any show, clinic or other organized event conducted or authorized by The SWA&ABPC Inc. and or any management committee appointed or authorized by The SWA&ABPC Inc. and my acknowledgement that such may be pleaded by the SWA&ABPC Inc. and or any management committee appointed or authorized by The SWA&ABPC Inc. as a bar to any claim made or action taken by me.

I also agree to abide by the SWA&ABPC Inc. Bylaws and risk management policy implemented by the SWA&ABPC Inc.

Name			
Signature		Date	
Name			
Signature		Date	

When submitted with membership this form covers signee(s) for the said term of membership.

NB: Parent or guardian must sign on behalf of the Youth competing or participating who are under the age of 18yrs.

Youth Name			
Youth Name			
Youth Name			
Parent/Guardian Name			
Signature		Date	

MUST BE SIGNED AND RETURNED TO THE SWA & ABPC Inc. WITH MEMBERSHIP APPLICATION, SHOW ENTRY FORM, CLINIC REGISTRATION ETC

PHOTO CONSENT	
I _____ give/deny permission for my child to be photographed by the SWA&ABPC Inc. Official Photographer and for the Photos to be used on the Official Website and Facebook Pages.	
Signature	Date