

**Flugnir Icelandic Horse Association of the Midwest
Release, Assumption of Risk, Waiver and Indemnification**

FLUGNIR EVENT and DATES _____

I AGREE in regards to my participation in equine demonstrations, exhibitions and/or competitions to the following:

I AGREE that I choose to participate voluntarily in the demonstration, exhibition, clinic and/or competition with my horse, as a rider, driver, handler, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports including but not restricted to, demonstrations, exhibitions, clinics and/or competitions, involve inherent dangerous risk of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death ("Harm").

I AGREE to release the Flugnir Icelandic Horse Association of the Midwest from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from negligence of the Flugnir Icelandic Horse Association of the Midwest.

I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Flugnir Icelandic Horse Association of the Midwest.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Flugnir Icelandic Horse Association of the Midwest and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse at the demonstration, exhibition, clinic and/or competition.

I AGREE that I understand that I am entitled to wear protective equipment and that the Flugnir Icelandic Horse Association of the Midwest encourages me to do so while WARNING that no protective equipment can guard against all injuries.

If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and AGREE to assume all the obligations of the Release on the child's behalf.

I represent that I have the requisite training, coaching and abilities to safely participate in the demonstration, exhibition, clinic and/or competition.

I affirm that I have read, understand and accept the limitations of liability contained within Minnesota State Statute 604A.12, Livestock Activities; Immunity from Liability.

X _____
Signature Date

Print Name Of Signer

If participant is under eighteen (18) years of age, signature of parent or guardian is required.

X _____
Signature Date

Print Name Of Signer