



Waiver and Release of Liability:

Registrant acknowledges that riding and showing reined cow horses are inherently dangerous activities that expose the participant to a substantial risk of serious property damage, personal injury, or death. In consideration for the right to participate in such activities, or any other activity that the registrant may participate in at the NRCHyA clinic, registrant assumes the risk of injury or death of participating in those activities and hereby releases National Reined Cow Horse Association ("NRCHA") and its employees, representatives, and all other agents associated with NRCHA from liability for any personal injury, property damage, or death that occurs from those activities. Registrant further agrees to release and hold harmless NRCHA, its employees, representatives, agents, and anyone else working at the event who through negligence or carelessness otherwise might be liable in damages to registrant. This release and waiver of liability shall be binding on Registrants heirs, representatives, dependents, and successors in interest. I agree as a condition of my acceptance of entry the National Reined Cow Horse Association may use or assign photographs, videos, audios, cablecasts or other likeness of me and my horse taken during the course of the clinic for the promotion, coverage or benefit of the competition, sport or the NRCHA. Those likenesses shall not be used to advertise a product and they may not be used in such a way to jeopardize Non Pro/Amateur/Youth status. I hereby expressly and irrevocably waive and release rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity or misappropriation. I have the authority and hereby do, by making this entry, assume responsibility for and bind owner, rider/or agent to the terms and conditions of this Release and Waiver of Liability. I warrant that I am the parent or legal guardian of the participant named below, and that I have read and fully understand the foregoing terms.

Youth Name Printed: _____

Youth Signature: _____

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____

Address: _____

SRCHyA Youth Clinic, July 7 & 8, 2018, Gainesville, Texas