

SIGNATURE: \_\_

## USEA EDUCATIONAL ACTIVITIES AND SCHOOLING SHOWS RELEASE FORM

NAME OF ACTIVITY/SCHOOL	NG SHOW:				US	EA AREA:	
DATE(S) HELD:	TE(S) HELD: LOCATION:					STATE:	
I have applied to participate in th set by the organizer of this activi							
I agree to wear personal protecti headgear passing or surpassing <i>Eventing</i> . I understand that the L USEF rules and the wearing of ar	the ASTM/SEI standard SEA mandates that all	ds with harness a riders participati	attached that meets ing in cross-counti	standards currently	imposed by the U.S. E	questrian Rules for	
I understand that the sport of ever activity" as defined by applicable and conditions which are an inter injury, harm or even death to hur and unfamiliar objects; persons of and disease (including communi the participant or others, including those risks, and I release and ag ees and the volunteers assisting negligence resulting in accidents	laws and is solely at n gral part of equine action nans or other animals or other animals; hazar cable diseases); and, t g failing or inability to ree to hold harmless t n the conduct of this l	ny own risk. I und vities, including, around or near the ds related to surfule potential of a maintain control he activity organiusEA educationa	derstand that my p but not limited to, nem; the unpredict face and subsurfac participant to act ir over the animal. E zer, organizing cor I activity and the o	articipation involves a the propensity of equ ability of equine react e conditions; collision a negligent or unski by participating in this nmittee, officials, the wners of any property	all inherent risks assoc lines to behave in ways tion to sounds, sudden ns with other equines of lled manner which may s activity <b>I agree</b> to ass USEA, USEF, their office of on which it is to be he	iated with the danger which may result in movements, smells or objects; sickness contribute to injury ume responsibility focers, agents, employ-	
I understand and agree that the and enforce the wearing of safety deemed by the organizer to be in THIS FORM MUST BE FI	or other attire and the proper or unsafe.	e conduct of rider	rs, horses and visit	ors; and to prohibit, s	stop or control any acti	on during the activity	
PARTICIPANT'S NAME:					DOB:		
ADDRESS:							
CITY:							
PHONE:EMAIL:				t:			
TRAINER'S NAME (AT THI				F	PHONE:		
NUMBER OF HORSES I WI	,						
CURRENT RIDING LEVEL (			· · · · ·	,			
🗖 Starter 🔲 Beginner No	vice    Novice	☐ Training	■ Modified	☐ Preliminary	☐ Intermediate	■ Advanced	
	7.						
CHECK APPROPRIATE BOX	<b>\</b> :						
CHECK APPROPRIATE BOX		nber is #:					
	ember and my nun						
<ul><li>☐ I am an active USEA me</li><li>☐ I am not a USEA memb</li><li>☐ Credit/Debit Card #</li></ul>	ember and my nun er and will pay a \$	<b>20</b> non-memb	oer fee:	Exp. Date	CVV	#	
☐ I am an active USEA me	ember and my nun er and will pay a \$	<b>20</b> non-memb	oer fee:	Exp. Date	CVV ues.	#	

(If participant is under 18, Release must be signed by parent or legal guardian, **not by trainer or instructor**. This release form is valid only when signed personally by the participant. **Signatures of all others, with the exception of a parent or legal guardian of a minor, will not be accepted in the event a claim is filed.**)

Date:\_