



### Volunteer Liability Release Form

#### VOLUNTEER

The undersigned acknowledges the inherent risk involved in working around horses, which risks include bodily injury from using, riding or being in close proximity to horses among other risks, and further that both horse and rider can be injured in normal use or in competition and schooling. In consideration for the privilege of riding and working around horses at the World Equestrian Center the undersigned does hereby agree to hold harmless and indemnify the World Equestrian Center, Arena Horse Shows Of Ocala, LLC, Columbus Hospitality and further release them from any liability or responsibility for accident, damage, injury or illness to Undersigned or member or spectator accompanying the Undersigned on the premises of the World Equestrian Center. I fully understand that horse sports are very dangerous activities. (i) The propensity of an equine to behave in dangerous ways which may result in injury to the rider, trainer, groom or handler, (ii) The inability to predict an equine's reaction to sound, movements, objects, persons or animals.

I wish to participate in these activities knowing they are dangerous. I accept and assume all the risks of injury (including death) to myself or my property. In exchange for being permitted to participate in these activities for myself, my heirs, guardian, and legal representatives, I release and agree not to make or bring any claim of any kind against the World Equestrian Center, Arena Horse Shows Of Ocala, LLC, Columbus Hospitality, to me or any damage to my property whether from anyone's negligence or not, or any other cause, arising out of my participation in these dangerous activities; and I also agree if anyone makes any claims because of any injury to me (including death), or for any damage to my property, I will keep all those released by this agreement free of any damages or costs because of those claims.

In the event of injury occurring to volunteer, volunteer consents to medical procedures or treatment for the volunteer considered necessary or advisable by any medical or emergency or other attending personnel for the volunteer and releases the property from all related claims volunteer may have.

My signature hereby indicates my agreement.

Print Rider/ Volunteer Name: \_\_\_\_\_

Rider / Volunteer Signature: \_\_\_\_\_ (Parents's signature if rider is under 21)

Date \_\_\_\_\_

**PLEASE EMAIL COMPLETED FORM TO [CHRISTY.BAXTER@WEC.NET](mailto:CHRISTY.BAXTER@WEC.NET)**

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