

Irish Quarter Horse Association CLG.

HORSE RIDING WAIVER AND INDEMNITY STATEMENT Under 18

I, _____ [Parent/Guardian's Name], hereby acknowledge and agree that my child, [Child's Name], is a member of the Irish Quarter Horse Association (IQHA). I understand that the IQHA offers various horse-riding activities and programs for its members, including but not limited to riding lessons, trail rides, and horse shows.

In consideration of my child's participation in these activities, I acknowledge and accept the inherent risks associated with horse riding, which may include, but are not limited to, the unpredictable behaviour of horses, the risk of falling off a horse, collisions with other riders or objects, and the potential for injury or even death. I understand that horses are unpredictable animals and that despite reasonable precautions taken by the IQHA and its staff, accidents and injuries may occur.

In recognition of the above, I, as the parent or legal guardian of [Child's Name], hereby waive, release, and discharge the Irish Quarter Horse Association, its officers, directors, employees, agents, volunteers, and any other individuals or entities associated with the IQHA (collectively referred to as "the Released Parties"), from any and all liability for any injury, loss, damage, or expense that my child may suffer as a result of participating in IQHA activities, whether caused by the negligence of the Released Parties or otherwise.

I further agree to indemnify and hold harmless the Released Parties from any claims, demands, actions, or lawsuits, including attorney's fees and costs, arising out of or related to my child's participation in IQHA activities. This indemnity shall extend to any claims brought by my child or any third party, including claims brought by other family members or legal representatives of my child.

I understand that this waiver and indemnity statement is intended to be as broad and inclusive as permitted by law. If any provision or portion of this statement is held to be invalid, the remainder of the document shall continue in full force and effect. I have carefully read this waiver and indemnity statement, fully understand its contents, and voluntarily sign it on behalf of myself and my child.

AMERICAN
QUARTER
HORSE
AFFILIATE

FEQHA
FEDERATION OF EUROPEAN
QUARTER HORSE ASSOCIATIONS



HORSE SPORT
IRELAND

WRI
Western Riding Ireland

Participant's Information: Name of Child: _____ [Child's
Name] Date of Birth: ____/____/____ [Child's Date of Birth]

Parent/Guardian's Information: Name of
Parent/Guardian: _____ [Parent/Guardian's Name]
Relationship to Child: _____ [Parent/Guardian's
Relationship to Child] _____

Address:

[Parent/Guardian's Address] Phone Number: _____

[Parent/Guardian's Phone Number] Email:
_____ [Parent/Guardian's Email]

Signature of Parent/Guardian: _____ Date:

Signature of Witness: _____ Date:

Please note that it is advisable to consult with a legal professional to ensure the accuracy and compliance of this waiver and indemnity statement with local laws and regulations.