

**WAYNE DuPAGE HORSE TRIALS, Inc./USEA
Cross Country Clinic**

**The Forest Preserve District of DuPage County
Release Form**

PRINT RIDER'S NAME

**COMPLETE RELEASE FROM LIABILITY IN CASE OF INJURY OR LOSS,
WAIVER AND INDEMNITY AGREEMENT**

I/we understand that horseback riding and related activities such as eventing are dangerous and involve risk of serious injury and/or death and/or property damage including injury to horses, spectators and others. Accordingly, I/we agree that any activity engaged in by me on premises owned or leased by The Forest Preserve District of DuPage county, Lamplight Equestrian Center or related to horseback riding if off the premises is done at my own risk. Accordingly, I/we release and agree to hold harmless Wayne DuPage Horse Trials, Inc., Forest Preserve District of DuPage County, Becky Holder and all officers, owners and directors, and any and all persons or entities who are guarantors or indemnitors of the above, all agents, employees and promoters, sponsors, other riders, horse owners, advertisers, sales persons, photographers, volunteers, (hereinafter called RELEASEES) from all liability for negligence or otherwise. I/we assume all responsibility for the risk of bodily injury, illness, death of myself and/or my horse(s) and any property damage due to the negligence of the Releasees or otherwise while on the premises described above, or heavily engaged in horseback riding-related activities, and/or while training, riding, competing, officiating, observing, teaching, working for or for any purpose relating to horseback riding, eventing or participating as rider, spectator or volunteer in such activities. I/we agree not to sue any Releasee, and I/we release and agree to indemnify Releasees from and for all liability to the undersigned, his/her personal representatives, assigns, heirs and next of kin for any and all loss or damage, and any claims or demands thereafter on account of injury to the person or property or death of undersigned whether caused by the negligence of the Releasees or otherwise. I/we agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the State where these activities are conducted, and if any part thereof is held invalid, it is agreed that the balance shall continue in full force and effect. I/we have read and voluntarily signed this agreement and further agree that no oral representations, statement or inducements apart from the foregoing written agreements have been made.

WARNING

pursuant to IL SB 240

**UNDER THE EQUINE LIABILITY ACT, EACH PARTICIPANT WHO ENGAGES IN AN EQUINE
ACTIVITY EXPRESSLY ASSUMES THE RISKS OF ENGAGING IN AND LEGAL RESPONSIBILITY FOR
INJURY, LOSS OR DAMAGE TO PERSON OR PROPERTY RESULTING FROM THE RISK OF EQUINE
ACTIVITIES.**

I HAVE READ THIS ENTIRE RELEASE AND AGREE TO IT.

SIGNATURE OF Rider or Parent of Minor Rider Date