

**Please note: A typed signature is not valid.**

## **VADA/Nova, Inc. Liability Release Form for Volunteers**

I knowingly, willingly, and voluntarily acknowledge the inherent risks associated with the sport of equestrian and know that horseback riding and related equestrian activities are inherently dangerous, and that participation in any VADA/Nova show involves risks and dangers including, without limitation, the potential for serious bodily injury (including broken bones, head or neck injuries), sickness and disease (including communicable diseases), trauma, pain & suffering, permanent disability, paralysis & death; loss of or damage to personal property (including my mount & equipment) arising out of the unpredictable behavior of horses; exposure to extreme conditions and circumstances; accidents involving other participants, event staff, volunteers or spectators; contact or collision with other participants and horses, natural or manmade objects; adverse weather conditions; facilities issues and premises conditions; failure of protective equipment (including helmets); inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of the VADA/Nova organizers and competition management; and other undefined, not readily foreseeable and presently unknown risks and dangers ("Risks"). I waive all rights to sue VADA, VADA/Nova, Inc., and/or any of their officers, directors, volunteers, employees and agents, the judges at this event, the owners or lessors of the facility where the event is held and/or any sponsor of this event for the injury to/or death of me or where applicable, the junior named below, and/or injury to property, including equines. I agree to indemnify and hold harmless the foregoing parties from and against any and all such claims of injury, death, or damage. This liability/release form is to be construed in accordance with, and to be as broad as permitting by the Equine Activity Liability/Act set forth by the Virginia Code.

Agreed \_\_\_\_\_ Signature of volunteer

**If volunteer is under 18, then parent or legal guardian must sign below to acknowledge the terms of this release form. Signature of trainer/instructor is not acceptable.**

Agreed \_\_\_\_\_ Signature of parent or legal guardian

Name of volunteer (please print): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

**Applicable from the date signed through December 31, 20\_\_\_\_**

Emergency Contact Information in case of injury or illness of volunteer:

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_