

Big Sky Draft Horse Expo
Acknowledgement of Risk
Of
Rights and Responsibilities for Participants in Expo

This document affects your legal rights. Please read it carefully before signing.

As a participant in the Big Sky Draft Horse Expo, I agree:

- to act in a safe, responsible manner at all times to avoid injury to me and to others and to be aware of risks inherent in equine activities. (Section 27-1-727, MCA, et seq.)
- that I, or the parents/legal guardian of a minor, will pay all costs incurred by Expo, its members and agents, for damages incurred as a result of my, or my child's willful or negligent conduct while participating in Expo
- to comply with all rules and regulations (verbal or written) for the show and facilities
- that the equines I provide for Expo are appropriately trained for showing and that I am able to maintain control over them to prevent danger to myself or others.

Further, I understand and acknowledge:

- that I choose to participate voluntarily in the competition with my horse, driver, handler, trainer, parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and competitions involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death.
- risks inherent in equine activities have dangers or conditions that are an integral part of the activities such as the unpredictability of a horse, uneven ground conditions, collisions with other horses/vehicles, or the potential of another participant to not maintain control over horse(s).
- the risks inherent in riding or driving my equine in a show or competition setting with other equines, participants, spectators as well as judges, ring personnel, photographers and public address systems.

By signing this document, I agree to be bound by all rules, regulations and terms outlined and that they cannot be modified or changed in any way.

Signature of participant/exhibitor

Date

Names of Minors or others for whom participant/exhibitor is responsible

Optional in case I become incapacitated:

Accident/Medical Insurance

I agree that should emergency medical treatment be required on my behalf, I and/or my own accident/medical insurance company shall pay for all such incurred expenses. My accident/medical insurance company is _____ and my policy number is _____.