

**INTERSCHOLASTIC EQUESTRIAN LEAGUE
CONSENT AND LIABILITY WAIVER & RELEASE
2018-2019 Season**

This form must be on file signed by the rider, parent and trainer(s). Scan the printed and signed form and email it to showsecretary@theiel.org

A copy of this form will be kept on file for the entire 2018-2019 IEL show season as specified in the rule book. All signatures on this form will be used as consent/release for all subsequent 2018-2019 show season entries. Any change in trainer(s) will require a new form.

IT IS MANDATORY THAT ALL INFORMATION BE COMPLETED IN FULL.

Every entry shall constitute an agreement that all participants (which include, without limitation, the owner, lessee, trainer, manager, agent, coach, driver, rider, handler, and the horse), for themselves, their principals, representatives, employees and agents: 1) shall be subject to the constitution and the rules of the association and the local rules of the competition; 2) represent that every horse, rider, driver, and handler is eligible as entered; 3) agree to be bound by the constitution and rules of the IEL and will accept as final the decision of the hearing committee on any question arising under said rules, and agree to hold the IEL, their officials, directors and employees harmless for any action taken; 4) agree that they participate voluntarily in the competition fully aware that horse sports and the competition involve inherently dangerous risk of serious injury or death, and by participating they expressly assume any and all risks of injury or loss, and they agree to indemnify and hold the IEL, the competition, and their officials, directors, employees and agents harmless from and against any and all claims, including for any injury or loss suffered during or in connection with the competition, whether or not such claim, injury or loss resulted, directly or indirectly, from the negligent acts or omissions of said officials, directors, employees or agents of the IEL or the competition.

I agree to indemnify and hold harmless, the IEL, its show, all staff, the facility, the directors, officers, members, employees and agents thereof from and against any and all loss, cost or expense of any claim thereof of whatever nature arising or to arise for and on account, or any reason of the entry or entries hereby made from the negligent acts or omissions of said officials, directors, employees or agents of the IEL or the competition.

I have carefully read and agree to all the above information and rules.

RIDER INFORMATION

Name: _____

Address: _____ City: _____ Zip: _____

Phone: (_____) _____ Email: _____

DATE _____

SIGNATURE OF RIDER (Parent must also sign for rider 17 & under.)

DATE _____

SIGNATURE OF PARENT or GUARDIAN

Email: _____

DIVISION / LEVEL YOU WILL BE RIDING IN (please review the rules for eligibility requirements):

Dressage: _____ Hunter/Equitation/Jumper: _____

TRAINER INFORMATION

Name: _____

Address: _____ City: _____ Zip: _____

Phone:(_____) _____ Email: _____

DATE: _____

SIGNATURE OF TRAINER