

EUREKA SADDLE CLUB

Membership and Contestant Release Form

As consideration for being allowed to participate and/or compete in the Greenwood County Cutting Horse Association, Inc., also known as the Eureka Saddle Club (ESC) events. I, the undersigned agree to the following:

Acknowledgement of Risk: The undersigned acknowledge that the ESC events are dangerous activities and that participation in said events, as either a contestant, an employee or volunteer, exposes the participant to a substantial and serious risk in property damage, personal injury or death. The undersigned expressly acknowledges his/her participation, and the participation of any other individuals listed below, will involve such a hazard.

Release of Sponsors: The undersigned being fully aware that participation in ESC events will expose him/her, and other individuals listed below, to a substantial and serious risk in property damage and/or personal injury or other claims arising from the undersigned's participation in said events including those that are known and unknown, foreseen and unforeseen, future or contingent.

Covenant not to sue: The undersigned covenants that the undersigned shall not now or at any time in the future, directly or indirectly, commence or prosecute any action, suit or the proceeding against the sponsors (or their officers, directors, employees, agents or affiliates) concerning, arising out of, or related to the actions, causes or action, claims or demands hereby waived, released or discharged by the undersigned.

Assurances: The undersigned has full power, authority, capacity, and right without limitations to execute, deliver and perform the release.

Rules: The undersigned agrees to all the rules of the ESC.

Binding Effects: This release shall be binding upon the undersigned and the undersigned's spouse, legal representatives, heirs, successors and assigns.

Notes: Participants under 18 years of age must have the following signed by their parent or guardian.

Consent to Treat: I, the undersigned, hereby give the EMS and Greenwood County Hospital the right to treat the individuals listed below.

There will be no tolerance of anyone confronting the judges at any time. Refer to the rulebook for consequences.

Contestant Name: _____ Age: _____ (as of 1/1 of current year)

Contestant Name: _____ Age: _____ (as of 1/1 of current year)

Contestant Name: _____ Age: _____ (as of 1/1 of current year)

Contestant Name: _____ Age: _____ (as of 1/1 of current year)

Contestant Name: _____ Age: _____ (as of 1/1 of current year)

Contestant Name: _____ Age: _____ (as of 1/1 of current year)

I, the undersigned, have read the above release in full. I fully understand the terms and conditions, and I hereby voluntarily execute and deliver this consent to contestant's attendance/participation in any and all ESC events. I further agree to fully bound by the terms and condition of this release in both an individual capacity and in my capacity as parent or legal guardian for the above listed minor contestants.

X _____ Date: _____
Signature of Parent/Guardian for all minor contestant(s) listed above

Full Address: _____ Phone: _____

Phone: _____ Email Address: _____