Manitoba Gymkhana Rodeo Association Waiver of Claim

Participant Name:	
Address:	Town:
Postal Code:	Phone:
by the Manitoba Gymkhana Rodeo Association of Manitoba Gymkhana Rodeo Association, its officagainst all claims, actions, demands, and expensive whether same may have been contributed to or of their agents, organisers, officials or representative a party to this agreement as if the Manitoba Cor trustee. Manitoba Gymkhana Rodeo Associationary accident, injury, damage, loss of or for any of whatsoever, to exhibitors, competitors, member the horse show grounds or from any loss claim, arising out of or attributes to the horse events journey to or from the event. It is hereby recognishelmet or protective equipment can protect ag	tted to participate in any of the events sanctioned or sponsored the undersigned shall save harmless and keep indemnified the icers, agents and officials, organisers and representatives from ses whatsoever concerning death, injury, loss or damage of the occasioned by the negligence of the said bodies, or any of them, ves, and each of the last mentioned parties shall be deemed to Gymkhana Rodeo Association were acting as each party's agent tion and the organizing committee will not be responsible for other matter that may happen from any cause or circumstance are of their families or their agents or to any property brought to matter, circumstance or event whatever in connection with or put on by the Manitoba Gymkhana Rodeo Association, or any dised that all equestrian sports involve inherent risk and that no gainst all foreseeable injury. I hereby accept this risk and hold tion, and the executive directors, event organizers, officials,
It is understood and agreed this agreement is to I have read and fully comprehended this agreem	be binding on myself, my heirs, executors and assigns and that nent.
	is eligible to compete at the fund raising events put on by the agree for myself and my representatives to be bound by the nd regulations.
Signature of Participant:	Signature of Parent/Guardian if under 18 years old:
Witness Name:	Witness Signature:
Witness Phone Number and Address:	