

RELEASE OF LIABILITY

This agreement releases **Wisconsin Open Horse Show Association (W.O.H.S.A.) & Dan Grunewald Training and Clinics** and/or their directors, representatives, volunteers and agents from all liability or claims of every nature relating to any and all risks that may occur while attending any **W.O.H.S.A.** open horse show. By signing this agreement, I agree, for myself and on behalf of my family, spouse, estate, heirs, executors, administrators, assigns, personal representatives, and any minor over whom I have custody or control or serve as guardian (collectively "I") to hold the **W.O.H.S.A.** and all others, listed above entirely free from any liability, including financial responsibility for injuries, sickness, or death incurred, regardless of whether injuries or sickness are caused by negligence or otherwise.

I also acknowledge the risks involved with participation at this event and they include, but are not limited to, the potential spread of **COVID-19** that could result in severe illness or potential death. I am participating voluntarily, and any and all risks have been made clear to me which I fully understand and accept. I will practice proper social distancing as recommended by the CDC and county health department directives, follow good hygiene, and follow all other health recommendations or orders suggested.

I do not have any conditions that will increase my chances of contracting **COVID-19**. I also have not had any symptoms in the last 14 days nor do I have a fever or any other symptoms of **COVID-19** at present. Should I become ill, whether before or after attendance of this horse show, I promise to self-report the illness to this association, self-quarantine, and will adhere to testing and any other illness related guidelines.

By signing below, I forfeit all right to bring a suit or claim against **W.O.H.S.A and Dan Grunewald Training & Clinics, their directors, officers, volunteers, representatives, and agents** for any reason. I will also make every effort to obey safety and health directives.

I, _____ fully understand and agree to the above terms.

(Print Name)

_____ Date: _____ Phone#: _____

Participant Signature

_____ Date: _____ Phone#: _____

Parent/Guardian Signature (if under 18 years)