

**CENTRAL VERMONT DRESSAGE ASSOCIATION (CVDA)
BILL WARREN DRESSAGE CLINIC WAIVER**

I, _____, am participating in the Bill Warren Clinic at the farm o Joyce Martin, Brownsville, VT. I hereby enter my horse at my own risk subject to all rules and regulations of this event. I understand that the sport of horseback riding is inherently dangerous and that serious injury and death can occur. I agree that if any injury occurs to me, my horse, or any equipment that I may use or send for use in this event, I will make no claim against Bill Warren, Joyce Martin, or any of the Officers, Directors, Trustees, Employees, and Volunteers of the Central Vermont Dressage Association (CVDA). I further agree to hold Bill Warren, Joyce Martin or any of the Officers, Directors, Trustees, Employees, Volunteers of CVDA and any Landowner free and harmless from any liability claims, suits or damages of whatsoever kind or nature that may be occasioned by the horse(s) exhibited or owned by me or the negligence of the person(s) in charge of such horse(s) and I agree to indemnify and hold harmless these associations and individuals against all liability, claims, suits, and expenses including attorney fees incurred, arising out of any injury to any person(s) or damage to any property caused by me, my horse(s) or attendant(s). I agree that I or any riders of my horse will wear a properly fitted and fastened ASTM/SEI-Approved helmet at all times while mounted. Under VERMONT LAW, an equine activity sponsor or professional shall not be liable for any injury to, or death of a participant in EQUINE ACTIVITIES resulting from the inherent risk of EQUINE ACTIVITIES, CODE of VERMONT 1039. Under NEW HAMPSHIRE LAW, an equine activity sponsor or professional shall not be liable for any injury to, or death of a participant in EQUINE ACTIVITIES resulting from the inherent risk of EQUINE ACTIVITIES, THE NEW HAMPSHIRE REVISED STATUTES ANNOTATED 508:18.

Rider Signature
(Parent/Guardian Signature if under 18)

Date

Print Name