



FRONTIER DAYS
English Flat and Over Fences Clinic
June 28th, 2017

Swift Current Frontier Days

With Heather Stuart-Panko

Entry Deadline: June 15th, 2017

NO LATE ENTRIES ACCEPTED

*** All entries MUST be pre-paid! ***

PLEASE READ & SIGN WAIVER. A waiver MUST be signed and accompanying this entry form or the person will not be allowed into the clinic. (Liability Waiver is attached & available on the Swift Current Ag & Ex website (www.swiftcurrentex.com)).

*** A negative Coggins test is required for ALL horses. A copy must be sent in with this entry form, and originals will be checked prior to unloading. ***

Exhibitor Name: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

Costs:

Entry fee: \$75.00 per person \$ _____

TOTAL: \$ _____

Signature: _____

RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, _____ (“Participant”),
acknowledge that I have voluntarily applied to participate in the following
activities at the Swift Current Frontier Days: English Flat & Over
Fences Clinic

(Description of activities, which Participant will engage in)

**I AM AWARE THAT THESE ACTIVITIES ARE HAZARDOUS
ACTIVITIES AND THAT I COULD BE SERIOUSLY INJURED OR
EVEN KILLED. I AM VOLUNTARILY PARTICIPATING IN THESE
ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED,
AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY
INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE
RISKS ARE KNOWN OR UNKNOWN.**

I verify this statement by placing my initials here: _____

Parent or Guardian’s initials (if under 18): _____

As consideration for being permitted by the Swift Current Ag & Ex Board, Frontier Days (the “Fair”), and any lessor of the fair premises (“Lessor”), to participate in these activities and use the Fair premises and facilities, **I forever release the Fair, the Swift Current Ag & Ex Board and Committees, the Lessor, any fair affiliated organization, and their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively “Releasees”) from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (1) my participation in these activities, (2) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or(3) the condition of the premises where these activities occur, whether or not I am then participating in the activities.** I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE FAIR, THE SWIFT CURRENT AG & EX BOARD, AND THE LESSOR, AND SIGN IT OF MY OWN FREE WILL.

If Signed by Parent or Guardian: I verify that the dangers of the activities and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them.

Executed at: _____, Saskatchewan on:
_____, 20_____.

PARTICIPANT/RELEASOR PARENT OR GUARDIAN

_____ Signature	_____ Signature
Address: _____	Address: _____
_____	_____

IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR GUARDIAN MUST SIGN AND INITIAL THIS FORM WHERE INDICATED.