

**Region West X Vaulting 101 Workshop Release and Waiver of Liability**

Club: \_\_\_\_\_ Coach: \_\_\_\_\_

Vaulter's Name: \_\_\_\_\_

**AGREEMENT TO ASSUME ALL RISKS AND WAIVER OF RIGHTS TO SUE.**

This is my agreement with the Cedar Falls Equestrian Center, Blue Sky Vaulters, the event management team, any instructor, any volunteer or spectator where I participate in the sport of horse vaulting.

Participating in horse vaulting and/or being present on the grounds of any horse facility pose risks of death or injury to me and my invitees and to those who may be in attendance or participating with me because:

- Vaulting does not require helmets or protective footwear.
- Horses have a propensity to behave in dangerous ways, which may result in death or injury.
- It is impossible to predict a horse's reaction to sound, movements, objects, persons, or animals.
- Surface or subsurface defects pose hazards to participants in horse related activities.

With Full Knowledge of These Risks:

**I AGREE TO ASSUME ALL RISKS AND WAIVE MY RIGHT TO SUE:**

-The teams their members, parents of members, coaches, longeurs, and volunteers, in any way connected with any horse vaulting event, practice lesson, or any related activity: and

-The facility and its owners, subcontractors, volunteers, employees, or agents, in any way connected with any horse vaulting event, practice, lesson, or any related activity: for injury, death, or property damage, **even if the injury, death, or property damage are the result of errors, omissions, or negligent acts.**

I also agree to reimburse the Team or Facility for any litigation cost they incur (such as reasonable attorney's fees, appeals, and court costs) if I file any claim or suit against them in spite of my agreement not to sue.

My participation in the sport of horse vaulting shall be governed by Iowa Law, and I knowingly waive my rights to sue and knowingly agree to assume all risks in accordance with the provisions of the Iowa Equine Liability Act.

If I am a minor, this agreement is fully approved by and binding upon the undersigned as my parents and guardians.  
I have read this agreement and I understand it.

Vaulter's signature: \_\_\_\_\_

Parent/ Guardian \_\_\_\_\_

Parent/ Guardian \_\_\_\_\_

Date \_\_\_\_\_

**Authorization for Medical Treatment**

Vaulter's name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Address: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Medical Insurance Information**

Name of medical coverage provider \_\_\_\_\_

Policy Number \_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's Number \_\_\_\_\_

**Vaulter's Medical Information**

Date of last tetanus/diphtheria booster \_\_\_\_\_

Allergies \_\_\_\_\_

Routine or current medical conditions \_\_\_\_\_

I am/We are the natural parents and/or legal guardians of the vaulter listed above and hereby authorize permission for medical treatment in the event we cannot be reached.

This authorization is valid from

Father's signature \_\_\_\_\_

Mother's signature \_\_\_\_\_