



Equine Activity Waiver

WARNING

Under the Michigan Equine Activity Liability Act, an equine professional is not liable for an injury to or death of a participant in an equine activity resulting from an inherent risk of the equine activity.

PLEASE INITIAL EACH SECTION AND SIGN AT THE BOTTOM:

(A parent or guardian must initial and sign if the participant is under age 18)

_____ I acknowledge that I, the participant, parent or legal guardian, will be responsible for any and all costs incurred by the participants or the participant's family members for injuries or property damage that I or my family may incur, and that I, the participant, parent or legal guardian have accidental medical insurance coverage in force for injuries that I or my family may incur. The sponsor, administrator, County of Muskegon, Muskegon County Fair Association (MCFA) or Muskegon County Fairgrounds does not provide any medical coverage.

_____ I acknowledge that I, the participant, parent or legal guardian, will be responsible for my negligent acts, the negligent acts of my family members and/or legal wards and animals, and I, the participant parent or legal guardian, carry personal liability insurance coverage now in force.

_____ I acknowledge that I, the participant, parent or legal guardian should wear ASTM-Standard/SEI certified equestrian helmets while participating in equine activities.

_____ I acknowledge that I, the participant, parent or legal guardian, participate in this event totally at my own risk for injuries or property damage I or my family may incur. I acknowledge that I, the participant, parent or legal guardian, et al, hereby release and hold harmless the sponsor, co-sponsor, their owners, their officers, directors, members, affiliated organizations and others acting on its behalf from any claim, legal liability, legal action or right for damages for any accident which may occur to me or my equine animal. I also assume and accept full responsibility for any damages done by me or my equine at this show, activity and/or event.

I the undersigned participant, parent or legal guardian, being of legal age, have read, understand and agree to the above agreement and release the County of Muskegon, Muskegon County Fair Association(MCFA) or Muskegon County Fairgrounds from and all liability.

Name of Participant (Please Print)

Signature of Participant (if over 18)

Date

Name of Parent/Guardian (please Print)

Signature of Parent/Guardian

Date

Address

Phone Number