** **

**Wood River Extreme Ski-Joring Association, Inc.**

**Race Waiver and Release Form**

BY SIGNING THIS LIABILITY DISCLAIMER I (UNDERSIGNED) ACKNOWLEDGE THE FOLLOWING: ("I" IS UNDERSIGNED FOR THE REMAINDER OF THIS DOCUMENT)

I FULLY UNDERSTAND THAT ENGAGING IN THE SPORT OF SKI-JORING IS A DANGEROUS AND UNPREDICTABLE ACTIVITY, WHICH COULD RESULT IN PERSONAL INJURY AND/OR DEATH. \*\*IF ACCEPTED, INITIAL HERE­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I UNDERSTAND THAT HORSEBACK RIDING, RACING, AND SKIING BEHIND A HORSE WILL EXPOSE ME TO ABOVE NORMAL HEALTH RISKS. I AGREE TO ASSUME AND ACCEPT THE DANGERS THAT OCCUR IN THE ACTIVITY OF HORSEBACK RIDING, SKIING, RACING, AND/OR SKIING BEHIND A HORSE. \*\*IF ACCEPTED, INITIAL HERE \_\_\_\_\_\_\_\_

I AGREE THAT I AM RESPONSIBLE FOR MY OWN SAFETY. \*\*IF ACCEPTED, INTIAL HERE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I WAIVE AND RELEASE FOR MYSELF, MY HEIRS, EXECUTOR, AND ADMINISTRATORS ALL RIGHTS OR CLAIMS FOR DAMAGE WHICH I MAY HAVE NOW OR IN THE FUTURE AGAINST. WOOD RIVER EXTREME SKI-JORING ASSOCIATION and SKI JOR AMERICA, BOARD MEMBERS, SPONSORS, LAND OWNERS, RACE DIRECTORS, VOLUNTEERS, SPECTATORS, MUNICIPALITIES, STATES, ANY AND ALL CITY, COUNTY, AND STATE AGENCIES, WHICH WOOD RIVER EXTREME SKI-JORING EVENTS ARE HELD. \*\*IF ACCEPTED, INITIAL HERE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I AGREE THAT ALL DECISIONS I MAKE AND ACTIONS THAT I TAKE ARE MY OWN. I AGREE TO PAY FOR ANY AND ALL MEDICAL EXPENSES WHICH MAY OCCUR AS A RESULT OF INJURY SUSTAINED DURING PARTICIPATION OF A WOOD RIVER EXTREME SKI-JORING ASSOCIATION SANCTIONED EVENT. \*\*IF ACCEPTED, INITIAL HERE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**--NOTICE--**

**--This is an Equine Activities Area--**

All Activities on these grounds are subject to the Equine Activities Immunity Act, Idaho Code, Chapter 18, Section 6.1801-6.1802.

By your presence on these grounds you have indicated that you have acce·pted the limits of liability resulting from equine activities.

**--THIS IS NOT A SPECTATOR AREA--**

All persons in this area will be regarded as participants and limited by the Equine Activities Immunity Act.

This Law is strongly supported by The Idaho horse Council

208/323-8148

FAX 208/323-2108 Email IHC@CYBERHIGHWAY.NET

\*\*HORSE OWNER AND/OR RIDER ONLY\*\*

I FULLY UNDERSTAND I AM RESPONSIBLE FOR THE HEALTH AND SAFETY OF THE HORSE. I WAIVE AND RELEASE ALL RIGHTS OR CLAIMS IN CASE OF INJURY AND/OR DEATH OF THE HORSE. I ALSO UNDERSTAND I AM FULLY RESPONSIBLE FOR ANY EXPENSES INCURRED IF THE HORSE IS INJURED.

\*\*IF ACCEPTED SIGN HERE \_\_\_

I AGREE TO ALLOW WOOD RIVER EXTREME SKI-JORING ASSOCIATION AND SKI JOR AMERICA OFFICIALS, RACE ORGANIZERS AND MEDIA REPRESENTATIVES THE USE OF MY NAME, PHOTOS, VIDEO TAPES, OR WOOD RIVER EXTREME SKI-JORING ASSOCIATION COMMENTS TO HELP PUBLICIZE AND PROMOTE WOOD RIVER EXTREME SKI-JORING ASSOCIATION, SKI JOR AMERICA AND THE SPORT OF SKI-JORING. \*\*IF ACCEPTED INITIAL HERE \_\_\_\_\_\_\_\_\_\_

I UNDERSTAND THAT MY ENTRY FEE IS NON-REFUNDABLE. \*\*IF ACCEPTED, INITIAL HERE\_\_\_\_\_\_\_\_\_\_

BY SIGNING BELOW, I HAVE READ AND FULLY UNDERSTAND THIS AGREEMENT, AND AM SIGNING IT VOLUNTARILY. \*\*IF ACCEPTED, INITIAL HERE \_\_\_\_\_\_\_

PARTICIPANT’S NAME (PLEASE PRINT):

**Wood River Extreme**

**Ski-Joring Association, Inc.**

www.woodriveresja.com

PARTICIPANT’S SIGNATURE:

 PARTICIPANT'S INITIALS: DATE:

 GUARDIAN’S NAME (PLEASE PRINT):

 GUARDIAN’S SIGNATURE:

 GUARDIAN’S INITIALS :\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_