



## Wood River Extreme Ski-Joring Association, Inc. Race Waiver and Release Form

Riders Initials		Skiers Initials
	I fully understand that engaging in the sport of Ski joring is a dangerous and unpredictable sport, which could result in injury and/or death.	
	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 risks and dangers that occur in these dangerous activities of horseback riding, horse racing, skiing, and/or skiing behind a horse.	
	I agree that I am wholly and solely responsible for my own safety.	
	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 SkiJoring Association, Inc, Board Members, Sponsors, Land Owners, Race Directors, Volunteers, Spectators, Municipalities, States, and All City, County, and State Agencies which Wood River Extreme Ski Joring events are held.	
	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 that may occur as result of my participation in a Wood River Extreme Ski Joring Association sanctioned event	
	I understand that my entry fee is non-refundable once received, regardless of my competition participation.	
	My initials indicate I have read and understand the rules and regulations of the event and agreed to abide by them.	
	I fully understand that I am responsible for the health and safety of my horse. I waive and release all rights or claims in case of injury and/death of the horse. I also understand I am responsible for any expenses related to the horse if it is injured or causes injury to any other horse or participant.	<b>XX</b>

By signing below I agree that I have read and fully understand this waiver and agreement, and I am signing this voluntarily.

Riders Signature(Parent/Guardian if Under 18:) \_\_\_\_\_ Date: \_\_\_\_\_

Riders Name: \_\_\_\_\_ (Printed) Riders Initials \_\_\_\_\_

Skiers Signature(Parent/Guardian if Under 18:) \_\_\_\_\_ Date: \_\_\_\_\_

Skiers Name: \_\_\_\_\_ (Printed) Skiers Initials \_\_\_\_\_