

## **AVA Annual Convention 2010 Hold Harmless Form**

### **THIS RELEASE CONTAINS IMPORTANT LIMITATIONS OF LEGAL LIABILITY**

I acknowledge that competitive and pleasure horse vaulting and vaulting activities contains inherent risks of injury and damage to me personally, to my horse, and to my equipment. Knowing these facts, I nevertheless, in consideration of your acceptance of this form, hereby for myself, my heirs, executors and administrators, waive, release, and discharge and hold harmless **The AMERICAN VAULTING ASSOCIATION, RUMPUS ROOM DANCE, DO-JUMP, MONARCH HOTEL, FORWARD STRIDE, UNLIMITED CLASSICS and Karen Miller, their BOARD OF DIRECTORS, OFFICERS AND ALL INDIVIDUAL MEMBERS THEREOF**, and all other persons and organizations in any way connected with the events, property, boarding, lessons or any other activity described herein, their representatives, heirs, executors, administrators, and assigns, from any and all right, claim, or liability for damages or for any and all injuries that might be sustained by me including injuries to animals or from any and all claims of any kind or nature that I might have as a result or, or arising out of my participation in any activity. Further, I do hereby acknowledge that this release will extend to any accidents, damages, or claims arising out of my participation, caused by my own act or the acts of anyone or any animal within my control. I further agree that I will defend, indemnify and hold harmless **The AVA, RUMPUS ROOM DANCE, DO-JUMP, MONARCH HOTEL, FORWARD STRIDE, UNLIMITED CLASSICS and Karen Miller, their OFFICERS, DIRECTORS, MEMBERS AND AGENTS OR ANY OF THEM** against all claims, demands, and causes of action including court costs, and attorneys fees, directly or indirectly arising from any action or other proceeding brought by or prosecuted for my benefit contrary to this release extended to all claims of every kind and nature what-so-ever whether known or unknown and expressly waive any benefits I may have under Section 1542 of the California Civil Code relating to the release of unknown claims. I understand and acknowledge that this release is covered by the provisions of Oregon Revised Statutes 30.687 through 30.697 regarding equine activities, equine professionals and equine activity sponsors.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **MINORS MUST HAVE THE FOLLOWING SIGNED BY THEIR PARENTS/LEGAL GUARDIAN**

We, the undersigned parents of \_\_\_\_\_ in consideration of our child's participation in all activities of the AVA, RUMPUS ROOM DANCE, DO-JUMP, MONARCH HOTEL, FORWARD STRIDE, UNLIMITED CLASSICS and Karen Miller, state that we have read the waiver, release and hold harmless agreement written above and we expressly agree that the terms and conditions of said waiver, release and hold harmless agreement shall apply to and be binding upon us and our minor child for any injury they may sustain or is caused as a result of said participation. We further warrant we have health and accident insurance on said minor. I declare under penalty or perjury that the foregoing is true and correct. I Release my or my child's photo image for anonymous use for event documentation.

Mother \_\_\_\_\_ Father \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I do acknowledge that I have read the foregoing paragraphs and know and understand the content thereof.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Medical Release and Agreement for Treatment

(I) (We), the undersigned, parent(s) of the minor(s) listed below, do hereby authorize any adult member of the AVA, an adult person(s) into whose care the minor(s) has been entrusted, as agent(s) for the undersigned to consent to any x-ray examinations, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of my (our) aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

\_\_\_\_\_

Minor Name	Birth Date
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Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ Date of last Tetanus shot: \_\_\_\_\_

Please list all known allergies or sensitivities to medications, etc.

\_\_\_\_\_  
List any medications, pertinent medical conditions or information

\_\_\_\_\_  
Medical insurance information and # \_\_\_\_\_

If Parent will NOT be at this event, name an adult who will be attending the convention who will be responsible for your minor's medical care and supervision.

Supervising Adult: \_\_\_\_\_

Cell phone for this person: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Father or Mother or Legal Guardian