

## IDCTA Dressage Events Audit Form

Event: \_\_\_\_\_

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

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

IDCTA Member #: \_\_\_\_\_

Date(s) Plan to Audit: \_\_\_\_\_

Total Amount (Member): \_\_\_\_\_

Total Amount (Non-Member): \_\_\_\_\_

*Make Checks payable to IDCTA  
Mail to the clinic organizer in the ad.*

### **IDCTA RELEASE, WAIVER, HOLD HARMLESS, AND INDEMNIFICATION AGREEMENT ("Agreement")**

I, as a rider, auditor, spectator, groom, volunteer, sponsor, trainer, or other attendee of this event, ("Participant" or "I"), on my own behalf, (or if as the Parent/Legal Guardian of a minor Participant, on my own behalf and on behalf of the minor Participant), understand, accept, and assume the risks of engaging in equine activities, including (i) the propensity of an equine to behave in dangerous ways that may result in injury to the participant, (ii) the inability to predict an equine's reaction to sound, movements, objects persons, or animals, and (iii) the hazards of surface or subsurface conditions. I agree at all times to be responsible for my personal safety, remain financially responsible for my medical expenses, and waive my right to any claim against IDCTA, its sponsor(s), instructor(s), and/or auditors, and IDCTA agents, affiliates, volunteers, independent contractors, employees, directors, officers, Board of Directors, and committee or other members (collectively "IDCTA"), arising from my participation in, or observation of, this equine activity. I agree to release, hold harmless, and indemnify IDCTA for any illness, injury, death, damage, cost, or other loss incurred whether by a dangerous latent condition, negligence or otherwise.

By signing below, I certify that I have read this entire Agreement, acknowledge that the proper Warning sign has been posted, and understand, agree and intend to be bound by all of the terms and conditions contained in this IDCTA Release, Waiver, Hold Harmless, and Indemnification Agreement.

\_\_\_\_\_  
Dated                      Signature: \_\_\_\_\_  
Participant or Parent(s)/Legal Guardian(s) if Participant is under 18 yrs old

### **WARNING**

**UNDER THE EQUINE ACTIVITY LIABILITY ACT, EACH PARTICIPANT WHO ENGAGES IN AN EQUINE ACTIVITY EXPRESSLY ASSUMES THE RISKS OF ENGAGING IN AND LEGAL RESPONSIBILITY FOR INJURY, LOSS, OR DAMAGE TO PERSON OR PROPERTY RESULTING FROM THE RISK OF EQUINE ACTIVITIES.**