PERMISSION FOR MINOR CHILD TO PARTICIPATE
&
ADULT VOLUNTEER / PARTICIPANT
WAIVER & RELEASE

► Please check one and fill in the proper name ◄

☐ We/I, the undersigned parent(s) / guardian(s) of (printed name of minor child(ren)) ________________________________, grant permission for our/my child(ren) to participate in or volunteer for the Oceana County HDC Open Youth Horse Show.

☐ I, ______________________________ am an adult 18 years of age or older volunteering &/or participating in the Oceana County HDC Open Youth Horse Show.

WAIVER AND RELEASE

Except in the event of gross and willful negligence, I/We the undersigned, shall bring no claims, demands, actions, and causes of action, and/or litigation, against the Oceana Co. 4-H Horse Developmental Com., its member or agents or the property owners for any economic and non-economic losses due to bodily injury, death, or property damage sustained by me in relation to my service as a volunteer for or participant in the Oceana County Youth Horse Show, including while I/We am near horses in the care, custody and control of the Oceana Co. 4-H Horse Developmental Com. or its agents or the property owners.

I/We understand that equine activities are risky by their very nature and agree to undertake full responsibility for said risk on my/our behalf and on the behalf of my/our minor child(ren), legal wards, heirs, representatives and assigns. I/We also agree to release the Oceana Co. 4-H Horse Developmental Committee from any and all liability whatsoever including, but not limited to, illness to horses, riders, spectators, or property while on these premises in connection with the event. I further understand as follows:

Under the Michigan Equine Activity Liability Act, 1994 PA 351, an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.

I further agree that this release and waiver constitutes a waiver of liability beyond the provisions of the above-cited Michigan Equine Activity Liability Act. This release and waiver shall remain in effect for all claims arising under its terms for the entire duration of my/our participation in Oceana Co. 4-H Horse Developmental Com. sponsored activities, regardless of my level of participation in that event. I also agree that if any partition of this release and waiver is struck down by a court of law, the remaining terms shall remain binding.

MY/OUR SIGNATURE BELOW IS PROOF THAT I HAVE READ THIS “PERMISSION TO PARTICIPATE” AND READ THE “WAIVER AND RELEASE”. I UNDERSTAND THAT I AM WAIVING CERTAIN LEGAL RIGHTS AND I KNOWINGLY AND VOLUNTARILY AGREE TO DO SO.

SIGNATURE ______________________________ DATE ______________________________

PRINTED NAME ______________________________

SIGNATURE ______________________________ DATE ______________________________

PRINTED NAME ______________________________

SIGNATURE ______________________________ DATE ______________________________

PRINTED NAME ______________________________

SIGNATURE ______________________________ DATE ______________________________

PRINTED NAME ______________________________

(Note: The minor child and custodial parent / guardian of the minor child must sign the above form.)