

# Release of Liability

This agreement releases the Ozaukee County Fairgrounds, Showtime Arena, Palomino Exhibitors Association of Wisconsin and/ or their directors, employees, representatives and agents from all liability and/or claims of every nature relating to any and all risks that may occur while attending a Palomino Exhibitors Association of Wisconsin horse show.

By signing this agreement, I agree for myself , and on behalf of my family, spouse, estate, heirs, executors, administrators, assigns, personal representatives, and any minor over whom I have custody or control over or serve as a guardian, that I hold the Palomino Exhibitors Association of Wisconsin and all others listed above to be entirely free from any liability, including financial responsibility for injuries, sickness, death regardless of whether injuries, sickness or death are caused by negligence or otherwise.

I also acknowledge the risks involved include but are not limited to the potential spread of COVID-19 that could result in severe illness or potential death. I am participating voluntarily and any/all risks have been made clear to me which I fully understand and accept. I will practice social distancing as recommended by health department directives, follow good hygiene and follow all health recommendations set forth by the CDC and local state officials of WI.

By signing this agreement I agree that I do not have any conditions that will increase my likelihood of contacting COVID-19. I also do not have a fever or other symptoms related to COVID-19. Should I become ill whether before or after the attendance of the Palomino Exhibitors Association of Wisconsin horse show, I will self-report the illness, quarantine and will adhere to testing and other illness related guidelines.

By signing this agreement I forfeit the right to bring forth a lawsuit or claim against the Palomino Exhibitors Association of Wisconsin, the Ozaukee County Fairgrounds and Showtime arena and/ or their directors, employees, representatives and agents for any reason.

I \_\_\_\_\_ fully understand and agree to the above terms.

Print participant name

|   |               |                |
|---|---------------|----------------|
| _____<br>Signature  | _____<br>Date | _____<br>Phone |
| _____<br>Parent/Guardian signature (if under 18 yrs. old) | _____<br>Date | _____<br>Phone |