HIGHLAND COUNTY FAIR ASSOCIATION

EQUINE ACTIVITY LIABILITY WAIVER FORM

In consideration of my participation in an equine activity at the Highland County Fair, I hereby release and waive my rights to sue the Highland County Fair Association, the Fair Horse Show Committee, and any volunteers or fair staff for any loss, damage, injury or death to person or property sustained by me by participation in equine activities.

I specifically acknowledge and understand the intrinsic dangers and conditions that are an integral part of equine activities, including, but not limited to, the following: (i) the propensity of equines to behave in ways that may result in injury, harm, or death to persons on or around them; (ii) the unpredictability of an equine's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals, including flashing lights and noise associated with Fair rides; (iii) certain hazards such as surface or subsurface conditions; (iv) collisions with other animals or objects; and (v) the potential of a participant acting in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or not acting within the participant's ability. I assume all of the foregoing risks and responsibility for making any and all examinations or inspections relating to those risks and any other potential risks of recreational activities, and I agree and understand that the Highland County Fair Association or the Fair Horse Show Committee shall have no responsibility whatsoever to make any such examinations or inspections.

This release form is entered into by me freely and voluntarily, pursuant to Virginia Code § 3.2-6200 through 3.2-6203, and I waive my rights to sue for and assume all risks of injury or death to the fullest extent allowed by the Virginia Code. I further certify that the Highland County Fair Association and the Fair Horse Show Committee are relying upon the foregoing statements and representations in permitting me to participate in any equine activities. I understand that this waiver shall remain valid until I have expressly revoked it.

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Date — **Print** Participant **Sign**

If participant is a minor, the parent or legal guardian must also read and execute this form.

Date — Parent/Legal Guardian