EMERGENCY MEDICAL RELEASE FORM:

(To be completed by all riders, or rider's guardian/parent for juniors)

If emergency care is required for (rider:)_____ in conjunction with a LOEC event and if normal permission is not available in a timely manner, the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel.

Emergency Contact During Show Hours:

Name: _____

Phone: _____

Physician: _____

Phone: _____

Competitor is allergic to: _____

Competitor is taking the following medication:

_____

Rider Signature (parent or guardian must sign for riders under 18):

_____

Date: _____

Release: By entering this Competition and signing this entry, and on behalf of myself and my principals, representatives, employees and agents, I AGREE to release and hold harmless the Competition, LOEC, TBEA, LOH their officials, directors and employees for any and all liability for damage or injury to myself, my horse or any person or property resulting from riding or showing a horse in this Competition, accepting myself the full responsibility for any and all such damage or injury of any kind which may result. I AGREE in consideration for my participation in this Competition to the following: I AGREE that the Competition as used herein includes Competition Management, as well as all of their officials, officers, directors, employees, agents, personnel, volunteers and the venue, Lake Oswego Hunt. I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, handler, lessee, owner, agent, coach, trainer, or as a parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss, and serious bodily injury including but not limited to broken bones, head injuries, trauma, pain, suffering or death ("Harm"). I AGREE to hold harmless and release the Competition from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm of any nature caused by me or my horse to others, even if the Harm arises or results, directly or indirectly, from the negligence of the Competition. I AGREE to expressly assume all risks of Harm to me or my horse, including harm resulting from the negligence of the Competition. I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Competition and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any harm caused by me or my horse while at the Competition. I ACKNOWLEDGE that no protective equipment can guard against all injuries. If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and I AGREE to all of the above provisions and I AGREE to assume all of the obligations of this Release on the child's behalf. I represent that I have the requisite training, coaching and abilities to safely compete in this Competition.

Signature _____

Date_____