

WAIVER AND RELEASE OF LIABILITY

I, _____,

hereby agree that the Kansas City Dressage Society and its members, officers, directors, employees, representatives, agents, and volunteers shall not be responsible or liable to me for any injury, illness, loss, accident or damage I may suffer as a result of my participation in the 2012 Kansas City Dressage Society Dressage Camp held at William Woods University, Fulton, Missouri. I further understand horseback riding and related activities carries risks and I assume those risks by participating in horse related activities.

I hereby expressly release and waive any claims I may have against the Kansas City Dressage Society and its members, officers, directors, employees, representatives, agents and volunteers and I agree to indemnify and hold harmless said parties against any and all claims for injury, illness, loss, accident or damage I may suffer as a result of participating in dressage camp.

WARNING: Under Missouri law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to the revised statutes of Missouri. RSMo. 537.325

Signature of Participant

Date: _____

Address: _____

Contact in case of emergency: _____

Phone number(s) _____