

**WAIVER OF CLAIM**

Date: \_\_\_\_\_

Time \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone# (Home) \_\_\_\_\_ Business \_\_\_\_\_

In consideration of the undersigned being permitted to participate in any of the events carried on, sanctioned and/or sponsored by the CENTRAL CANADA REINING HORSE ASSOCIATION, WINNIPEG, MB, the undersigned shall save harmless and keep indemnified the CENTRAL CANADA REINING HORSE ASSOCIATION, WINNIPEG, MB, their officers, agents, officials, servants, organizers and representatives from and against all claims, action, costs, expenses and demands whatsoever concerning death, injury, loss or damage to the undersigned by virtue of his/her participation in said events howsoever caused and, regardless of whether same may have contributed to or occasioned by the negligence of the said bodies or any of them, their agent organizers, officials, servants or representatives and each of the last mentioned parties shall be deemed to be a party to this agreement if the CENTRAL CANADA REINING HORSE ASSOCIATION, WINNIPEG, MB, were acting as each party's agent or trustee. It is understood and agreed that this agreement is to be binding upon myself, my heirs, executors and assigns and that I have read and fully comprehend the agreement.

\_\_\_\_\_

\_\_\_\_\_

Signature of parent/guardian for minors

Signature of participant

**CENTRAL CANADA REINING HORSE ASSOCIATION**

**NON PRO DECLARATION**

1. I do not, nor have I within the past (3) years, directly or indirectly trained, given lessons or assisted in the training of any horse ridden astride for remuneration, regardless of discipline.
2. I, my immediate family or cooperation I own, have paid all my entry fees and/or expenses for the past (3) years.
3. I understand that the Central Canada Reining Horse Association (CCRHA) may require that I reasonably document all of the above.
4. I understand that a false declaration will result in suspension of Non Pro status, forfeiture of all prize monies and/or awards, and will be subject to disciplinary action by the CCRHA.
5. I agree to abide by all the conditions specified by the Central Canada Reining Horse Association.

By my Signature, I agree to all of the above.

\_\_\_\_\_

\_\_\_\_\_

Signature

Date