



RELEASE OF LIABILITY

This agreement releases Eastern States Exposition and the New England Equitation Committee and/or their officers, affiliates, employees, representatives, volunteers and agents from all liability or claims of every nature relating to any/all risks that may occur while attending the 2021 New England Equitation Championships. 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 or serve as guardian (collectively "I") to hold the New England Equitation Championships and all others listed above entirely free from any liability, including financial responsibility for injuries, sickness or death incurred, regardless of whether injuries or sickness are caused by negligence or otherwise.

I also acknowledge the risks involved include, but are not limit 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 all recommend State and local directives, good hygiene (handwashing, hand sanitizer, masks required) and follow all other health recommendations ordered or suggested.

I do not have any conditions that will increase my likelihood of contracting COVID-19. I also do not have a fever or other symptoms of COVID-19. I affirm that I, as well as any other member of my group, have not knowingly been exposed to anyone diagnosed with COVID-19 within the last 30 days. I affirm that I, as well as any members of my group have not traveled outside of the country in the last 30 days. Should I become ill, whether before or after attendance at show, I promise to self-report the illness, self-quarantine and adhere to testing and other illness related guidelines.

By signing below, I forfeit all right to bring a suit or claim against Eastern States Exposition and the New England Equitation Committee, and /or their officers, affiliates, employees, representatives, volunteers and agents for any reason. I will also make every effort to obey safety and health directives.

I, _____, fully understand and agree to the above terms.
Print Name

Participant Signature

Date

Parent / Guardian Signature (if under 18 years of age)

Date

Please indicate ALL members of your group on this form. One waiver per group. All participants listed will also be held under the same liability. If members are under 18, a parent's signature is also required.

