



UNITED STATES *Dressage* FEDERATION
Event Participation Agreement

As a Participant and on behalf of myself and my principals, support personal, representatives, employees and agents, I agree that I am subject to the Policies of The United States Dressage Federation (USDF) and the rules of the program, local government and facility (event rules) for Basics Through The Levels (Event/Activity) and agree to wear personal protective equipment when participating in the Event/Activity. I will accept as final the decision of the USDF on any question arising under the USDF Policies and event rules, and agree to release and hold harmless the USDF, the Event, the volunteers, directors and employees for any action taken under the Policies and event rules of the Event/Activity. I represent that I am eligible to enter and/or participate under the Policies and event rules. I also agree that as a condition of and in consideration of participating in the Event/Activity, the USDF may use or assign photographs, videos, audios, cable - casts, broadcasts, internet, film, new media or other likenesses of me and my horse taken during the course of the Event/Activity for the promotion, coverage or benefit of the Event/Activity, sport, USDF or for education purposes. Those likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize amateur status. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation.

BY SIGNING BELOW, I AGREE to be bound by all applicable USDF Policies and event rules of the Event/Activity. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

Participant (mandatory) Signature: _____

Print Name: _____

Emergency Contact Phone No. _____

Parent/Guardian Signature: (if participant is a minor) _____

Print Parent/Guardian Name: _____

ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY

I [PRINT NAME HERE] _____ (hereafter, "Participant", which term includes Participant's parent or legally-appointed Guardian, if a minor), freely and voluntarily seek to participate in any or all programs, events and/or activities sanctioned, produced, or sponsored by the United States Dressage Federation ("USDF") that include educational and training programs, youth programs, clinics, and/or competitions at any time and at any location. These activities, programs, and events will hereafter be referred to as "the Activities," and the USDF, together with its sponsors, managers, property owners, officials, organizers and affiliates and their respective directors, officers, members, employees, agents, volunteers, representatives, and designated officials will collectively be referred to as "Event Sponsor."

In consideration of the Event Sponsor allowing Participant to participate in the Activities, now and in the future, Participant agrees as follows:

1. Acknowledgment of Inherent Risks of Equine Activities/Assumption of Risks. Participant acknowledges that there are numerous inherent risks of equine activities, whether preparing for, entering, attending, participating in, or leaving the Event. The inherent risks include those dangers and conditions which are an integral part of equine activities, including, *but not limited to:* (a) the propensity of an equine or other animal to behave in ways that may result in injury, harm, or death to persons on or around them; (b) the unpredictability of the equine's reaction to such things as sounds, sudden movements and unfamiliar objects, persons, or other animals; (c) certain hazards such as surface or subsurface conditions; (d) collisions with other animals or objects; (e) the potential of a participant or other Participant to act in a negligent manner that may contribute to injury to the participant, Participant, or others, such as failing to maintain control over the equine or not acting within his or her ability; (f) the breakage or failure of tack or other equipment; (g) the potential that an equine or animal may cause injury or harm to the rider or other persons or animals in the vicinity; (h) and the potential transmission of communicable diseases to both humans and equines. *Participant is not relying on Event Sponsor to list within this document all possible inherent risks or all risks of participating in any of the Activities at any location.*

2. Waiver and Release of Liability. With full knowledge and appreciation of these and other inherent risks associated with equine activities and the Activities, Participant freely and voluntarily assumes the risks of the equine activities involved in any aspect of them. In this connection, Participant also voluntarily agrees to waive any and all rights to sue and hereby releases the Event Sponsor from all liability, loss, claims, or actions for injury, death, expenses, or damage to person or property resulting from the inherent risks of the Event, or resulting from any action or inaction by the Event Sponsor. This waiver and release is effective even if the injury, death or damage to person or property is caused by, or contributed to by, actions or failure to act of the Event Sponsor and which actions or inactions constitute ordinary negligence or a violation of any applicable law pertaining to equine activity liabilities. Neither Participant nor Participant's representatives shall make any claim against, maintain an action against, or recover from the Event Sponsor or its sponsors, directors, officers, members, employees, agents, volunteers, representatives, designated officials, or others acting on their behalf for injury, loss, damage or death of the Participant, to the Participant's horse, or to the Participant's personal property (regardless of ordinary negligence by the Event Sponsor or regardless of an alleged violation of an applicable equine activity liability law

3. Equine Liability Act. Should the Activities take place in a state with an equine activity liability law, Participant acknowledges reading the applicable state warnings and/or provisions set forth below and on the next page (if any).

VIRGINIA

Notice of Intrinsic Dangers of Equine Activities pursuant to Code of Virginia § 3.1-796.130c: "Intrinsic dangers of equine activities" means those dangers or conditions that are an integral part of equine activities, including but not limited to, (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; (iii) certain hazards such as surface and 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.

4. Miscellaneous. This document is intended to be as broad and inclusive as applicable state law permits. If any clause conflicts with applicable law, only that clause will be void but the remainder shall stay in full force and effect.

**I HAVE READ THIS ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY,
I UNDERSTAND THAT IT IS RELEASE OF CLAIMS AND THAT I AM ASSUMING RISKS INHERENT TO MY
PARTICIPATION, AND I AGREE TO BE FULLY BOUND BY ITS TERMS**

Signature of Participant _____ Date _____

Print Name of Participant _____ Date of Birth [If Participant is Under 18] _____

IF Participant IS UNDER 18 YEARS OF AGE:

Signature of Parent or Legally Appointed Guardian _____ Date _____

Print Name of Parent or Legally Appointed Guardian _____

Full Address of Participant and Parent or Guardian Appointed by Law

(Revised form 10/2020)



AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Name: _____ DOB: _____

Address: _____

City/State/Zip: _____

Phone #'s: (H): _____ (C): _____ (W): _____

In the event of an emergency, contact:

Name: _____ Phone: _____

Relationship: _____

Physician's Name: _____ Physician Phone: _____

Medical Facility: _____ Facility Phone: _____

Health Insurance Company: _____ Policy #: _____

In an effort to provide the best care possible, please indicate below:

I am allergic to the following medications: _____

I have the following ongoing medical conditions (diabetes, seizures, etc): _____

CHECK ONE OF THE OPTIONS BELOW TO INDICATE CONSENT OR NON-CONSENT FOR EMERGENCY MEDICAL TREATMENT

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I DO consent for emergency medical treatment in the event emergency medical aid/treatment is required due to illness or injury while being on the premises of or in connection with Dream Catchers.

I authorize Dream Catchers and/or its representatives to:

1. Obtain medical treatment and/or transportation if needed:
2. Release records upon request to the authorized agency or its representative involved in the medical emergency treatment.

NON-CONSENT FOR EMERGENCY MEDICAL TREATMENT

I DO NOT give my consent for emergency medical treatment in the case of illness or injury while on the premises of or in connection with Dream Catchers. In the event emergency medical aid/treatment is required due to illness or injury while being on the premises of or in connection with Dream Catchers I wish the following procedure to take place (**LIST PROCEDURE ON LINE BELOW**):

Note: Dream Catchers is unable to guarantee that emergency medical treatment will be withheld

Participant/Volunteer/Guest/Staff Signature (Parent / Guardian if under 18)

Date

MEDIA/ VIDEOGRAPHY / IMAGING RELEASE

I DO *I DO NOT*

consent to and authorize the use and reproduction by *Dream Catchers at the Cori Sikich Therapeutic Riding Center* of any and all photographic, any other audio/visual materials taken of me and/or my child or the participant for whom I am the legal guardian of, and any artwork produced by me and/or my child or the participant for whom I am the legal guardian of or other family members for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

Signature: _____

Date: _____

Guest Listed Above (if 18 or older), Parent or Legal Guardian



Release, Waiver & Indemnity Agreement

I, the undersigned or parent or legal guardian of the undersigned (either as a "Participant, Volunteer, or Staff"), desiring to utilize the premises known as the Dream Catchers at the Cori Sikich Therapeutic Riding Center and the adjoining properties known as 10128 Fire Tower Road and 10102 Fire Tower Road, and any adjoining property owned by Daniel Potter, Karen K. Potter, Neal E. Knemeyer, or NDK Investments, LLC, and Jennifer and Joshua Thibeault, and their heirs, for their properties located at 10046,10058,10070 Fire Tower Road, Toano, VA 23168 collectively known as "the Premises") and the facilities either owned or controlled by Dream Catchers at the Cori Sikich Therapeutic Riding Center ("DCTR"), and to participate in programs offered by DCTR (the Programs), do hereby affirm that as a Participant, Volunteer, or Staff is voluntarily entering upon the Premises to participate in the Programs, and I, as the undersigned or parent or legal guardian of the undersigned, do hereby willingly enter into this Release, Waiver and Indemnity Agreement. I recognize that, under Virginia law, an equine activity sponsor or professional is not liable for an injury to or the death of a Participant, Volunteer, or Staff in equine activities resulting exclusively from the inherent risks of equine activities. I fully understand that the activity of mounting, riding, boarding, feeding, or even being near a horse, involves numerous dangers and risks of injury to the Participant, Volunteer, or Staff and I completely release the owner of the Premises, and DCTR and its officers, directors, volunteers, employees, or its agents from any and all liability for any and all injuries from the Participant's, Volunteer's, or Staff's engagement in the Programs offered by DCTR. I expressly agree that this Release, Waiver, and Indemnity Agreement shall be governed and construed as being sufficient to satisfy the assumption of risk and waiver requirements necessary to relieve equine activity sponsors and equine professionals from liability under the Virginia Equine Activity Liability Act, Section 3.1-796.130, *et seq.* of the Code of Virginia (the "Act"), and the owners of the Premises, DCTR and its officers, directors, volunteers, employees, and agents are covered as equine activity sponsors and/or equine professionals by the provisions of the Act. This Release, Waiver, and Indemnity Agreement shall be governed and construed by the laws of the Commonwealth of Virginia, regardless of where any injury or loss shall occur. In the event that any portion of this Release, Waiver, and Indemnity Agreement shall be declared unenforceable, such declaration shall not affect the remaining terms of this document, which shall survive intact. I am also aware and consent to Participant's, Volunteer's, or Staff's inclusion in a study performed by DCTR that, in the interest of improving the quality and effectiveness of the programs offered, will gather data on the program participants. Such data will include, but not limited to, the age, gender, dates of participation, and level of satisfactions of the program participants. Program participants may be selected for the study at random, and DCTR affirms that all program participants not selected for the study will be treated in a manner substantially identical to those program participants. Data will be held strictly confidential and not published in any way or as part of any publication. I hereby give my permission to participate in the Programs offered by DCTR as a Participant, Volunteer, or Staff, and in consideration, agree individually and as applicable, on behalf of my child or ward, to the terms of the above agreement and release of liability.

Printed Name of Participant, Volunteer, or Staff Member

Date

Signature of Participant, Volunteer, or Staff Member

Signature of Parent or Guardian of Participant, Staff or
Volunteer if under the age of 18

COVID-19 Assumption of Risk and Waiver of Liability

Coronavirus/COVID-19 Warning and Disclaimer

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person during close contact. Participating in or observing activities at Dream Catchers at the Cori Sikich Therapeutic Riding Center (the "Center") could increase your risk of contracting COVID-19, and **Dream Catchers cannot guarantee that you will not become infected with COVID-19.**

Acknowledgment of Risk

I, the undersigned, for myself and, if applicable, as parent/guardian on behalf of the minor named below, hereby acknowledge and agree that in consideration for the undersigned participating in or observing activities at the Center: (1) the undersigned is assuming the risks related to COVID-19 inherent to gathering with others and using common facilities and hereby waives the undersigned's rights to claim liability of Dream Catchers or others resulting from the assumption of such risks; and (2) Dream Catchers is not responsible for sickness or for loss of any kind as a result of COVID-19. I further understand that certain activities at the Center will require additional safety precautions and equipment due to COVID-19, and that, due to physical safety concerns and sudden emergent conditions, certain activities may not permit social distancing of 6 feet per person at all times.

Dream Catchers has taken certain steps to implement recommended guidance and protocols issued by the Centers for Disease Control and Prevention and the Virginia Department of Health for slowing the transmission of COVID-19. The undersigned acknowledges receipt of Dream Catchers' current policies and requirements for participation in or observation of activities at the Center in response to such guidance and protocols ("Dream Catchers' COVID-19 policies and requirements"). The undersigned acknowledges and agrees that Dream Catchers may revise its policies and requirements at any time based on updated recommended guidance and protocols issues by the public health agencies. **The undersigned agrees to comply at all times with Dream Catchers' COVID-19 policies and requirements.**



COVID-19 Assumption of Risk and Waiver of Liability Continued

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 while at the Center and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed or infected by COVID-19 at the Center may result from the actions, omissions, or negligence of myself or of others, including Dream Catchers. I hereby forever release, waive, discharge, and hold harmless, and agree not to sue or assert any claim against, Dream Catchers (including its directors, staff, employees, volunteers, and agents) for any loss or damages arising from such exposure or infection. I understand that by signing this document, all liability of Dream Catchers (including its directors, staff, employees, volunteers, and agents) to myself for any such loss or damages will be forever extinguished. I, the undersigned, have read, understand and accept the terms of this Assumption of Risk and Waiver of Liability form. I further acknowledge that no oral representations have been made to me as an inducement to sign this form.

Printed Name of Participant, Volunteer, Guest, or Staff

Date

Signature of Participant, Volunteer, Guest, or Staff

Signature of Parent or Guardian of Participant, Staff, Guest, or Volunteer if under the age of 18

PAYMENT INFORMATION

Dream Catchers is requesting a minimum donation of \$20 per person. All proceeds will support Dream Catchers' mission, which is to enrich the lives of children, adults, and families through equine assisted activities and therapies offering education, empowerment, healing, and hope.

I would like to make a donation in the amount of: _____

I am attending as a:

- USDF Participant (you will automatically receive USDF University credit)
- USDF Auditor (\$5.00 processing fee required if you wish to receive USDF University credit)
- Other guest

Please make a payment selection:

- Cash
- Check (Please make checks payable to DREAM CATCHERS)
- By Credit Card (Please complete the information below)

VISA MC AMEX DISCOVER Card Number: _____

Name on Card: _____

Expiration: _____

Security Code: _____

Billing Zip Code: _____

Authorized Signature: _____

Date: _____

Your credit card will be charged the amount in the donation field plus the \$5.00 auditor processing fee if applicable.