In consideration for my child’s participation in the Southern Regional 4-H Championship Horse Show organized by the Southern Regionals Specialist Committee and managed by Virginia Polytechnic Institute and State University at the Georgia National Fairgrounds & Agricenter (hereinafter referred to as “Southern Regionals”), I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SU Southern Regionals Specialist Committee, Virginia Polytechnic Institute and State University and the Commonwealth of Virginia, and their respective employees, agents, representatives and volunteers (hereinafter referred to as “RELEASEES”) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise, while participating in Southern Regionals, or while in, on or upon the premises where the Southern Regionals is being conducted.

I am fully aware of the risks and potential hazards connected with participating in Southern Regionals, including but not limited to, the risk of loss of personal property from theft, injury to a horse or equipment, injuries to my child associated with Southern Regionals and horses, including but not limited to the risk that horses can rear, kick, throw and bite in addition to other horse-related injuries, and other injuries that may not be foreseeable and I hereby elect to voluntarily participate in Southern Regionals, and engage in such activity knowing that the activity may be hazardous to my child and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, that may be sustained by my child, or any loss or damage to property owned by me, as a result of my child being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

I AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including court costs and attorneys’ fees, that may incur due to my child’s participation in Southern Regionals, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise. It is my express intent that this Participant Release, Consent and Waiver of Liability shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SU the above-named RELEASEES. I hereby further agree that this Participant Release, Consent and Waiver of Liability shall be construed in accordance with the laws of the State of Virginia.

IN SIGNING THIS PARTICIPANT CONSENT, RELEASE AND WAIVER OF LIABILITY, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducement, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent and I am the parent or guardian of the child participant, and I execute this Participant Consent, Release and Waiver of Liability for full, adequate and complete consideration, fully intending to be bound by same.

Printed Participant Name: __________________________________________

Printed Parent or Guardian Name: __________________________________

Signature of Parent or Guardian: ____________________________________

Date: ____________________