



OHIO INTERSCHOLASTIC HORSEMANSHIP ASSOCIATION

WAIVER OF LIABILITY

I. CONDITIONS OF MEMBERSHIP

The participant shall be a student in grades 9 through 12 in a school located in Ohio and shall comply with the Rules and Regulations of OIHA including an annual fee. The participant shall submit a completed Registration with a photograph for each registered horse, Medical Treatment form, and a Waiver of Liability form.

II. INJURY OR ILLNESS OF PARTICIPANT

The equine activity participant's parent(s), guardian, custodian, or other legal representative hereby authorizes any Board Member of OIHA to obtain the services of Emergency Medical Services (E.M.S) or other means of transportation to the nearest hospital, out-patient clinic, or doctor in the event a participant requires medical treatment. Financial responsibility for such treatment remains the responsibility of the participant's parent(s), guardian, custodian, or other legal representative and no expenses shall be paid or be the responsibility of any Board Member of OIHA or OIHA itself.

III. INJURY OF ILLNESS OF HORSE

The owner of any horse participating in an event hereby authorizes any Board Member of OIHA to, on the owner's behalf and expense in the event of any injury or illness of the horse obtain the most available veterinarian to attend to the horse.

IV. WAIVER OF LIABILITY

Inherent risk of equine activity means a danger or condition that is an integral part of an equine activity including but not limited to any of the following:

- A.** The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine.
- B.** The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals.
- C.** Hazards to, including but not limited to, surface or subsurface conditions.
- D.** A collision with another equine, another person(s), or and object(s).
- E.** The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

ACKNOWLEDGEMENT – WAIVER OF LIABILITY

I/We waive any claim of liability for harm, or cause of action for tort, or civil actions for which a recovery of money damages may be based against an equine activity sponsor, equine activity participant, equine professional, a veterinarian, a farrier, a provider of a facility for an equine activity, OIHA coordinators/advisors, or another person for the harm that resulted from an inherent risk of equine activity.

I/We, equine owner, activity participant, parent(s), guardian(s), custodian(s), or other legal representative(s) understand and acknowledge the conditions of the Waiver and the Immunity from Liability Based on Equine Activity of the Ohio Revised Code Section 2305.321.

X _____ **Date:** _____

_____ **Capacity:** _____

X _____ **Date:** _____

_____ **Capacity:** _____

X _____ **Date:** _____

_____ **Capacity:** _____

INSTRUCTIONS FOR SIGNING

Sign and date the above signature lines.

Print your name below your signature and indicate your capacity as equine participant, parent, guardian, custodian, or other legal representative, and owner of the horse or horses.