



SUSSEX COUNTY HORSE SHOW

Liability Release

This agreement release the Sussex County Horse Show (August 5, 2020 thru August 9, 2020), show vendors and/or their directors, officers, employees, representatives and agents from all liability or claims of every nature relating to any/all risks that may occur while attending the 2020 Sussex County Horse Show. By signing this agreement, I agree, for myself and behalf of my family, spouse, estate, heirs, executors, administrators, assigns, personal representatives, and an minor over whom I have custody or control or serve as guardian (collectively "I") to hold the Sussex County Horse Show and all other listed above entirely free from any liability, including financial responsibilities 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 limited to, the potential spread of COVID-19 that could result in severe illness or potential wealth. I am participating voluntarily and am aware of an assumed any and all risk associated with my participation. I will practice social distancing as recommended by health department directives, good hygiene (hand washing, hand sanitizer, mask/gloves when required) and follow all other health and safety directives.

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. Should I become ill, whether before or after attendance at any show, I understand I am required to report the illness, self-quarantine and will adhere to testing and other illness related guidelines.

By signing below, I forfeit all rights to bring suit or claim against the Sussex County Horse Show , show vendors and/or their directors, officers, employees, representatives and agents for any reason.

I fully understand and agree to the above terms.

Name of Participant: _____

Name of Parent/Guardian if Participant is a Minor: _____

Name of Trainer: _____

Notification Information

Cell Phone: _____ Email: _____

Emergency Contact Information

Name: _____ Cell Phone Number: _____

Participant Signature: _____ Date: _____

(Parent/Guardian if Participant is a Minor)

If participant is a Trainer, you must initial below

I understand that I am responsible for my staff and clients. I will make sure that I am using knowledgeable professionals that understand all COVID-19 protocols and risks. The barn area assigned to me is my responsibility to operate and apply all best management practices. I will bring to the show grounds, all the same materials and operating protocols that I have implemented in my private barn operation since the start of COVID-19 pandemic.

I understand that Sussex County Horse Show will not be providing materials in the barn areas that are essential to the operation of my private business. I agree to provide or arrange these items for my staff and clients to operate safely.

(initials) _____