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PO Box 6164 7822 McMillian Road Knoxville,TN 37914

EXHIBITOR NAME				
MAILING ADDRESS			-	
CITY	STATE	ZIP CODE		
PHONE	CELL_	TEXT	Y	N
EMAIL				
IF UNDER 18				
PARENTS NAME				
MAILING ADDRESS IF DIFF	ERENT			
CITY	STATE	ZIP CODE		
I, the Undersigned, understand ticipant or animal. I have made a condition of the Released Parpate in equestrian activities, inc mule or being in close proximi ed that the risks involved and the equestrian activities experience this Release and Waiver of liab	a free and deliberate cho ties allowing me, the Unc luding but not limited to ty to a horse, pony or mu he Release and Waiver of and acknowledge that th	pice to sign the Release a dersigned and/or my child handling or riding a hors le. I, the Undersigned, ha Liability is worth the pla	nd W d to p se, po ave c easur	Vaiver as partici- ony, onclud- e of the
Participant Name (print):				
Signature:R	elease good for 1 year from a	Date:		

WARNING

**** Participants under the age of 18 must have a parent or legal guardian sign****

Under Tennessee Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Tennessee Code Annotated, title 44, chapter 20.