



UNITED STATES DRESSAGE FEDERATION™

USDF

North American Youth Championships for Dressage

Waiver and Liability Release

ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

As consideration for my participation in this event, I voluntarily agree to the following:

I am seeking to attend or participate in qualifying for the FEI North American Youth Championship specified on this form herein after referred to as the Event.

I understand and acknowledge that numerous inherent risks and dangers are associated with 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. **I understand and agree to assume these and other inherent risks and dangers that may be associated with my attendance at or participation in the Event. I am not relying on USDF nor USEF to list all risks.**

I voluntarily agree to waive any and all rights to sue and hereby release the U.S. Dressage Federation Inc., the United States Equestrian Federation, and the sponsor of the event from all liability, loss, claims, or actions for injury, death, expenses or damage to person or property resulting from any action, inaction, or ordinary negligence by the event organizers, sponsors, USEF or the USDF (regardless of whether the USDF or the sponsor was negligent).

I also agree to indemnify (that is, pay any losses, damages, or costs incurred by) the USDF, USEF and the Event sponsor and to hold them harmless as to claims for injury, death, loss, or damage to me, my personal property, or my horse or as to claims that others may make for any injury, death, loss, or damage that may be caused by me or my horse.

I grant full permission for the USDF to use and publish any photographs or videotapes taken of me and/or my horse at the Event.

If I am signing as Parent or Legally-Appointed Guardian of a minor (under age 18), I consent to my minor child's entry at the Event and accept responsibility for his/her attendance or participation

Required Signatures

I certify that I have read the Selection Procedures for the NAYC, the Assumption of Risk, Waiver and Release of Liability and Indemnification Agreement, and the USEF Code of Conduct for participating in the NAYC, I understand them, and I agree to be fully bound terms to the greatest extent allowed by law.

- a) _____
Horse Name (Please Print)
- b) _____ Rider Signature _____ Date _____
Rider Name (Please Print)
- c) _____ Parent/Guardian Signature _____ Date _____
Parent/Guardian Name (Please Print)
- d) _____ Horse Owner Signature _____ Date _____
Horse Owner Name (Please Print)
- e) _____ Rider's Coach/Trainer Signature _____ Date _____
Rider's Coach/Trainer Name (Please Print)

Mail to: USDF, Attn: NAYC Coordinator, 4051 Ironworks Parkway, Lexington, KY 40511

Fax to: (859) 971-7722

Email to: nayc@usdf.org

USDF IS NOT RESPONSIBLE FOR LOST, DELAYED, MISDIRECTED, OR STOLEN CORRESPONDENCE EITHER ELECTRONIC, POSTAL, OR VOICE ACTIVATED.



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Additional Horse Form

NAYC Additional Horse Declaration Payment Form

For horses added from April 23, 2025, to May 28, 2025, at 11:59 p.m. ET

Rider's Name _____

I authorize USDF to bill the amount of \$ **50.00** to my

Visa

MasterCard

Card Number _____ CVV Code _____

Name on Card _____

Expiration Date _____

Billing Address _____

City _____ State _____ Zip _____

Signature _____