



PARTICIPANT'S WAIVER OF LIABILITY AND ASSUMPTION OF RISK

This acknowledgement and agreement is entered into between the Minnesota Horse Exposition, Inc., a Minnesota nonprofit corporation, ("the Sponsor") and the Participant or his/her parent or guardian who is authorized to execute this agreement on behalf of the Participant.

HORSES AND HORSEBACK RIDING ARE DANGEROUS

Under Minnesota law, a nonprofit corporation, association, or organization, or a person or other entity donating services, livestock, facilities, or equipment for the use of a nonprofit corporation, association, or organization, is not liable for the death of or an injury to a participant resulting from the inherent risks of livestock activities, which include horses and equestrian activities. Minn. Stat. § 604A.12. **Participant hereby acknowledges the inherent risks arising from horses' unpredictability and tendency to buck, kick, bite, react suddenly when frightened, and otherwise act in a manner that could result in death or injury to Participant** when riding, handling, or merely being present around horses and other livestock. **Participant assumes the risk of accident or injury** to Participant in connection with the Minnesota Horse Expo arising from the inherent danger of livestock and livestock activities and agrees that **the Sponsor, its employees, vendors, volunteers, and agents are not responsible for accidents.**

Participant agrees **not to sue the Sponsor, its employees, vendors, volunteers, or agents, and waives Sponsor's liability** for any claim up to and including ordinary negligence, excluding only recklessness, gross negligence, or intentional acts, arising in connection with any of Participant's livestock activities at Expo, including but not limited to horse and pony rides. Participant acknowledges that this Waiver of Liability and Assumption of Risk is intended to protect Sponsor from lawsuits and claims arising from injuries or other damages caused by accidents and the inherent risks of livestock and livestock activities.

Participant Name: _____

Parent/Guardian: _____

Signature _____ Date: _____