

CASCADE PINTO COVID 19 WAIVER BACK # _____

By Signing this waiver you are agreeing to all the Social distancing and Washington State CDC COVID 19 compliant practices that have been put in place for the show and will be adhered to including wearing a mask or face shield at all times while on the Tacoma Unit facility only exception is when you are on a horse/showing/handling a horse or driving, you are still required to practicing social distancing and in the warm up arena, warm up holding area and in the show arena showing. Large group gatherings in the barn areas and in and around the show arenas and Tacoma Unit Facilities must wear a face mask or face shield NO EXCEPTIONS! You will be asked to leave with no refunds if you can not comply with this mandate. No outside spectators will be allowed... (anyone that is not part of your group)

By signing below, I certify all information is true and correct to the best of my knowledge.

ITS MUTUALLY UNDERSTOOD AND AGREED THAT THE LIABILITY RELEASE SET FORTH HEREIN SHALL CONSTITUTE A WAIVER OF LIABILITY BEYOND THE PROVISIONS OF THE WASHINGTON STATE EQUINE ACTIVITY LIABILITY ACT, 1994.

BY SIGNING THIS AGREEMENT AND LIABILITY RELEASE, I AGREE NOT TO BRING ANY CLAIM OR SUIT AGAINST CASCADE PINTO HORSE ASSOCIATION, PINTO HORSE ASSOCIATION OF AMERICA, TACOMA UNIT #1 AND ITS OFFICERS, DIRECTORS, MEMBERS, EMPLOYEES, AGENTS, REPRESENTATIVES, ASSIGNS, AFFILIATED PERSON, AND OTHERS ACTING ON THEIR BEHALF ON THE BASIS OF ANY EXCEPTION OF THE LAW, FOR POSSIBLE EXPOSURE TO ANY AND ALL COMMUNICABLE DISEASES.

PRINTED NAME <small>must be over age 18</small>	SIGNATURE	DATE
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NAMES OF MEMBERS WITHIN YOUR GROUP (TRAINERS, GROOMS, FAMILY MEMBERS)

- 1. _____ RELATIONSHIP _____
- 2. _____ RELATIONSHIP _____
- 3. _____ RELATIONSHIP _____
- 4. _____ RELATIONSHIP _____
- 5. _____ RELATIONSHIP _____
- 6. _____ RELATIONSHIP _____
- 7. _____ RELATIONSHIP _____
- 8. _____ RELATIONSHIP _____
- 9. _____ RELATIONSHIP _____
- 10. _____ RELATIONSHIP _____