



## **2012 Accident Waiver, Photo Release and Release of Liability**

I am aware that a Rodeo is a hazardous activity, and I am participating and/or volunteering in an event including but not limited to rodeos or equine events to be presented by the Southern Indiana Junior Rodeo Association (SIJRA). The arena is named "Kalmbach Arena" because of their monetary donations to and sponsorships of the rodeos or equine events. The Kalmbach Arena located at 7596 W State Road 56 in Salem, Indiana, during the year 2011, with knowledge of the dangers involved and I hereby agree to accept any and all risks of property damage or personal injury or death. This waiver and release applies to all events including rodeos or equine events held at the arena, during the year.

I acknowledge that these rodeos or equine events are an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and or producer of the event, and lack of hydration. These risks are not only inherent to participants but are also present for volunteers. I hereby assume all of the risks of participating and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault. I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person that I cannot participate. I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holder, sponsors, and organizers in events in which I may participate and that it will govern my actions and responsibilities at said events. I am responsible for any and all medical expenses incurred during my participation in the rodeo.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, guardians, administrators, heirs, next of kin, parents, successors, and assigns as follows: A) Waive, release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, the organizer and the following entities or persons: Kalmbach Feeds, Hanson Aggregates Midwest LLC, Bar-O-Ranch, Inc. and the Southern Indiana Junior Rodeo Association (SIJRA), and their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, event volunteers, and event officials. B) Indemnify and

hold harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my or any actions during this event.

- I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during this event from emergency personnel, the local hospital and its medical staff and physicians.

- I understand that at this event or related activities I may be photographed.

I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and/or assigns.

The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable Indiana law. I hereby certify that I have read this document and I understand its contents.

I understand that execution of this release is required in order for me to participate and it is requested that I show proof that I have adequate medical insurance for my benefit by attaching a copy of the insurance card, certificate or policy, or policy number and insurance carrier name. I would understand that if I have no insurance I am self insuring during this event.

Name \_\_\_\_\_ Division \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Participant Signature \_\_\_\_\_

Participant Name  
(Please Print) \_\_\_\_\_

Under Indiana 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.

**REQUIRED CONSENT BY  
PARENT OR GUARDIANS FOR MINORS  
(Under 18 Years of Age)**

The undersigned parent and/or natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act, and I/we do release said parties on behalf of the minor and the parents or legal guardian. By my/our signature(s) hereto I/we do join in and agree to be bound by the above waiver and release the same as the minor.

Signature of Parent or Guardian\_\_\_\_\_

Signature of Minor\_\_\_\_\_

Date\_\_\_\_\_