

**2016 Western Spectacular & ORAC – Strapper/Handler/Helpers  
INDEMNITY, RELEASE & WAIVER FORM**

I understand & acknowledge that all aspects of handling, working with and being in the vicinity of the riding horses is a dangerous activity and that horses can act in sudden and unpredictable (changeable ) way at any time.

I understand & acknowledge that serious injury or death may result from any activity involving horses.

I agree that I compete in and/or attend any show, clinic or other organized event conducted by authorized by Orange Regional Appaloosa Club Inc (ORAC Inc) at my own risk and that I save harmless The ORAC Inc. and/or any management /committee appointed or authorized by the ORAC Inc. and shall not pursue The ORAC Inc and/or any management /committee appointed or authorized by The ORAC Inc. and hold them liable for any personal injury, death, loss or damage to me or my children, employed, strappers or assistants, or any person attending the event on my behalf or at my bequest for any loss or damage occasioned to any of my possessions or horses whether such liability arises out of any express or implied term of law whether at common law or by statute, or through the negligence of any member of The ORAC Inc. and/or any management committee appointed or authorized by The ORAC Inc. arising in any manner whatsoever and I fully indemnify and save harmless The ORAC Inc and /or any Management /committee appointed or authorized but The ORAC Inc. against any such claim howsoever and wheresoever such may arise.

My signing this indemnity and waiver acknowledges my reading of the document and my acceptance of its terms as a condition precedent to my competing or participating at any show, clinic or other organized event conducted or authorized by The ORAC Inc and or any management committee appointed or authorized by The ORAC Inc. and my acknowledgement that such may be pleaded by The ORAC Inc and or any management committee appointed or authorized by The ORAC Inc. as a bar to any claim made or action taken by me.

I also agree to abide by the risk management policy implemented by The ORAC Inc.

Name; \_\_\_\_\_ Phone: \_\_\_\_\_

Signature; \_\_\_\_\_ Date \_\_\_\_\_

NB: Parent or guardian must sign on behalf of the Youth competing or participating who are under the age of 18yrs.

Youth; \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian; \_\_\_\_\_ Phone: \_\_\_\_\_

Signature; \_\_\_\_\_ Date: \_\_\_\_\_

**THIS FORM MUST BE SIGNED AND RETURNED TO THE ORAC INC .SECRETARY WITH  
MEMBERSHIP APPLICATION, SHOW ENTRY FORM, CLINIC REGISTRATION ETC**