



NIHJA Entry Agreement

By entering a Federation-licensed Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, or Longeur and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the Bylaws and Rules of The Northern Illinois Hunter Jumper Association, (NIHJA) and authority _____ (Show Management). I agree to be bound by the Bylaws and Rules of NIHJA and of the competition. I will accept as final the decision of Show Management and NIHJA stewards on any question arising under the Rules, and agree to release and hold harmless the Show Management, the NIHJA Board collectively and individually, their officials, directors and employees for any action taken under the Rules. I represent that I am eligible to enter and/or participate under the Rules, and every horse I am entering is eligible as entered. I also agree that as a condition of and in consideration of acceptance of entry, NIHJA and/or the Show Management may use or assign photographs, videos, audios, cable - casts, broadcasts, internet, film, new media or other likenesses of me and my horse taken during the course of the competition for the promotion, coverage or benefit of the competition, sport, or NIHJA. Those likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize amateur status. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation. The construction and application of NIHJA rules are governed by the laws of the State of Illinois, and any action instituted against NIHJA must be filed in Illinois State.

I HAVE CAREFULLY READ THIS DOCUMENT IN ITS ENTIRETY, UNDERSTAND ALL OF ITS TERMS AND CONDITIONS, AND KNOW IT CONTAINS AN ASSUMPTION OF RISK, RELEASE AND WAIVER FROM LIABILITY, AS WELL AS A HOLD HARMLESS AND INDEMNIFICATION OBLIGATIONS.

By signing below, I (as the participant or as the Parent/Legal Guardian of the minor identified below) hereby accept and agree to the terms and conditions of this Agreement in connection with my (or the minor's) participation in any NIHJA Event. If, despite this Agreement, I, or anyone on my behalf or the minor's behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liabilities as the result of such claim.

BY SIGNING BELOW, I AGREE to be bound by all applicable NIHJA Rules and Bylaws and all terms and provisions of this entry blank and all terms and provisions of this Prize List. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

Rider/Driver/Handler/Longeur (Mandatory)

Print Name: _____ Signature: _____ Date: _____

Owner/Agent (Mandatory)

Print Name: _____ Signature: _____ Date: _____

Trainer (Mandatory)

Print Name: _____ Signature: _____ Date: _____

Parent/Guardian Signature (Required if Rider/Driver/Handler/Longeur is a Minor)

Print Name: _____ Signature: _____ Date: _____

Emergency Contact Phone Number: _____



Waiver and Release of Liability Assumption of Risk and Indemnity Agreement

For and in consideration of the Northern Illinois Hunter Jumper Association (NIHJA), allowing me, the undersigned, to participate in any capacity (including as a rider, driver, handler, longeur, lessee, owner, agent, coach, official, trainer or volunteer) in a NIHJA sanctioned or approved event or activity, including but not limited to equestrian clinics, practices, shows, competitions and related or incidental activities ("NIHJA Event" or "NIHJA Events"); I, for myself, and on behalf of my spouse, children, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors, and assigns, hereby agree to and make the following contractual representations pursuant to this Agreement (the "Agreement"):

A. RULES AND REGULATIONS: I hereby agree to be bound and abide by the rules, regulations, and policies of NIHJA as published in the NIHJA Rule Book and on the website at www.nihja.net, as amended from time to time.

B. ACKNOWLEDGMENT OF RISK: I knowingly, willingly, and voluntarily acknowledge the inherent risks associated with the sport of equestrian and know that horseback riding and related equestrian activities are inherently dangerous, and that participation in any NIHJA Event involves risks and dangers including, without limitation the potential for serious bodily injury (including broken bones, head or neck injuries), sickness and disease (including communicable diseases), trauma, pain & suffering, permanent disability, paralysis and death; loss of or damage to personal property (including my mount & equipment) arising out of the unpredictable behavior of horses; exposure to extreme conditions and circumstances; accidents involving other participants, event staff, volunteers or spectators; contact or collision with other participants and horses, natural or manmade objects; adverse weather conditions; facilities issues and premises conditions; failure of protective equipment (including helmets); inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of the NIHJA and competition management; and other undefined, not readily foreseeable and presently unknown risks and dangers ("Risks").

EQUINE ACTIVITY LIABILITY ACT WARNING:

CAUTION: HORSEBACK RIDING AND EQUINE ACTIVITIES CAN BE DANGEROUS. RIDE AT YOUR OWN RISK. Under the laws of most States, an equine activity sponsor or equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

C. ASSUMPTION OF RISK: I understand that the aforementioned Risks may be caused in whole or in part or result directly or indirectly from the negligence of my own actions or inactions, the actions or inactions of others participating in the NIHJA Events, or the negligent acts or omissions of the Released Parties defined below, and I hereby voluntarily and knowingly assume all such Risks and responsibility for any damages, liabilities, losses, or expenses that I incur as a result of my participation in any NIHJA Events. I also agree to be responsible for any injury or damage caused by me, my horse, my employees or contractors under my direction and control at any NIHJA Event.

D. WAIVER AND RELEASE OF LIABILITY, HOLD HARMLESS AND INDEMNITY: In conjunction with my participation in any NIHJA Event, I hereby release, waive and covenant not to sue, and further agree to indemnify, defend and hold harmless the following parties: NIHJA (including the NIHJA Board collectively and individually, its officers, directors and employees) NIHJA Recognized Affiliate Associations, members, Event participants (including athletes/riders, coaches, trainers, judges/officials, and other personnel), the Event owner, licensee, and competition managers; the promoters, sponsors, or advertisers of any NIHJA Event; any charity or other beneficiary which may benefit from the NIHJA Event; the owners, managers, or lessors of any facilities or premises where a NIHJA Event may be held; and all directors, officers, employees, agents, contractors, and volunteers of any of the aforementioned parties (Individually and Collectively, the "Released Parties" or "Event Organizers"), with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss, or expense (including court costs and reasonable attorney fees) of any kind or nature ("Liability") which may arise out of, result from, or relate in any way to my participation in the NIHJA Events, including claims for Liability caused in whole or in part by the negligent acts or omissions of the Released Parties.

E. COMPLETE AGREEMENT AND SEVERABILITY CLAUSE: This Agreement represents the complete understanding between the parties regarding these issues and no oral representations, statements or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

I HAVE CAREFULLY READ THIS DOCUMENT IN ITS ENTIRETY, UNDERSTAND ALL OF ITS TERMS AND CONDITIONS, AND KNOW IT CONTAINS AN ASSUMPTION OF RISK, RELEASE AND WAIVER FROM LIABILITY, AS WELL AS A HOLD HARMLESS AND INDEMNIFICATION OBLIGATIONS.

By signing below, I (as the participant or as the Parent/Legal Guardian of the minor identified below) hereby accept and agree to the terms and conditions of this Agreement in connection with my (or the minor's) participation in any NIHJA Event. If, despite this Agreement, I, or anyone on my behalf or the minor's behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liabilities as the result of such claim.

Rider/Driver/Handler/Longeur (Mandatory)

Print Name: _____ Signature: _____ Date: _____

Owner/Agent (Mandatory)

Print Name: _____ Signature: _____ Date: _____

Trainer (Mandatory)

Print Name: _____ Signature: _____ Date: _____

Parent/Guardian Signature (Required if Rider/Driver/Handler/Longeur is a Minor)

Print Name: _____ Signature: _____ Date: _____

Emergency Contact Phone Number: _____

Health Declaration Form - COVID-19



Required to be submitted for every person who enters the competition grounds at least 24 hours prior to arrival.

I, _____, hereby certify, represent and warrant as follows: Within the fourteen (14) days immediately preceding the Date of this Health Declaration Form ("Declaration"),

I HAVE NOT:

- a. tested positive or presumptively positive with the Coronavirus or been identified as a potential carrier of the COVID-19 virus or similar communicable illness ("Coronavirus")
- b. experienced any symptoms commonly associated with the Coronavirus (fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea)
- c. been in any location positively designated as hazardous and/or potentially infected with the Coronavirus by a recognized health or regulatory authority, such as a country for which the Center for Disease Control and Prevention ("CDC") issued a Level 3 Travel Advisory for Coronavirus
- d. been in direct contact with or the immediate vicinity of any person I knew and/or now know to be carrying the Coronavirus or has been identified as a potential carrier of the Coronavirus.

I AGREE to notify NIHJA (by email to president@nihja.net) of any change in status, including diagnosis with Coronavirus and/or quarantine, within thirty (30) days either before or following a NIHJA Event.

I WILL read and follow the guidelines and practices set forth by NIHJA (which are posted at www.nihja.net) at all times while attending a NIHJA Event.

I WILL consent to having my temperature taken by any representative or agent of Horse Show Management prior, during, and after any Event arranged by NIHJA, and will provide any follow up information reasonably requested by NIHJA.

I ACKNOWLEDGE and ACCEPT that this Declaration will be considered as my consent to NIHJA to disclose, share, record and store this Declaration with any relevant authority or service provider for the purposes of ensuring the safety and security of any and all third parties that may come in contact with me prior, during, and after any NIHJA Event.

If over the previous fourteen (14) days prior to the horse show, I have visited any of the countries, states or regions that have a CDC Level 3 Travel Health Notice or travel to which is restricted subject to US President's proclamation, I AGREE to provide a written verification executed by a licensed physician or a medical facility prior to attending a NIHJA event (i) a CDC-approved Coronavirus test was administered on me and was negative or (ii) I do not meet the CDC criteria for administering a Coronavirus test and do not exhibit any Coronavirus symptoms.

I AFFIRM that all the above statements apply equally to the following minors under the age of 18 (either with me or with my consent) on any NIHJA Event and who are in my custody or care, if any (please attach an additional page as needed):

If any above statement is not wholly true, please provide a full explanation and attach to this form.

In signing below, I, an individual over the age of 18 of sound mind, knowingly, voluntarily, and freely agree to the terms of this binding Declaration, and in doing so represent the truthfulness and veracity of the above answers.

Print Name: _____ Signature: _____ Date: _____

Parent/Guardian Signature (Required if Above is a Minor)

Print Name: _____ Signature: _____ Date: _____

Emergency Contact Phone Number: _____