



Challenged Horseman and American Paints Program (CHAMPS)

WAIVER OF RESPONSIBILITY

Please sign and return to show office.

Exhibitor's _____ APHA ID#: _____

Address _____

City: _____

State/Province/Country _____ Zip/Postal Code: _____

Telephone #: (_____) _____ E-mail: _____

APHA does not assume responsibility for safety of participants. Each participant or their parent or guardian by allowing participation, assumes all risk of personal injury or property damage occurring as a result of the participation and does hereby release and discharge the APHA and show management, their respective officers, directors, representatives and employees from any and all liability, whenever or however arising, from such participation, except for the negligent act or omission, if any, of an indemnities. Further, as parent or legal guardian, they agree to indemnify and hold harmless APHA and show management from such liability to the minor.

Signature of participant or parent/guardian (if under 18)

Date