

VOLUNTEER WAIVER AND RELEASE

- Name of Volunteer: _____
- Volunteer's Address: _____

- Volunteer's Birthdate: _____
(Needed only for minor Volunteers)
- Name of Event: _____

The Oklahoma Quarter Horse Association, Inc. ("OQHA"), is an Oklahoma non-profit company whose mission is to promote the American Quarter Horse in Oklahoma and nationwide. To fulfill its mission, OQHA hosts a variety of events and puts on shows promoting or featuring the American Quarter Horse. Volunteers at OQHA events and shows find it valuable and worthwhile to be able to participate. In many cases, without the assistance of these volunteers, OQHA would not be able to put on the events, which would limit or eliminate the great opportunities that OQHA can provide to people to volunteer at such events.

By volunteering to assist with the Event, you understand that it is possible you might be injured or sustain property damage while performing activities for the Event or on behalf of OQHA. You understand that the Event involves certain risks and dangers, which could include things such as contact with large livestock, working with tack, lifting large/heavy items, and operating motor vehicles. There may also be unknown or unanticipated risks. OQHA cannot predict all risks, and you understand that.

In consideration of the opportunity to volunteer and participate in the Event, you agree to assume any and all risks of injury and damage, and you agree to waive any and all claims against OQHA for damages for personal injury, death, and/or property damage that you have now or that may arise in any way from your volunteering or participation in the Event. You also agree that even if you are injured or sustain property damage because of the negligence or recklessness of OQHA or its officers, directors, employees, or contractors you will not make a claim against OQHA and you will not bring a lawsuit against OQHA. You also agree that even if you are injured or sustain property damage because of the negligence or recklessness of any other volunteer or agent of OQHA, you will not make a claim against OQHA or bring a lawsuit against OQHA or its officers, directors, employees or contractors.

You understand that this Waiver waives claims against OQHA that might arise in the future, but you are willing to make this Waiver for the benefit of participating in the Event. You also understand that this Waiver is very broad, and is intended, as fully as the law will allow, to release and hold OQHA and its officers, directors, employees, agents and contractors harmless from any and all claims, demands, liability, loss, cost, fees, or expenses that arises from of any injury or property damage you incur while volunteering or participating in the Event.

You understand that as a volunteer, you are offering your services of your own free will without any expectation of compensation from or any other employee benefit of any kind.

I have carefully read this Volunteer Waiver and Release. I agree with it.	
Signature of Volunteer:	Date:
(Parent or Legal Guardian Signature Required if Volunteer is under 18 years of age.)	
I am the Parent or Legal Guardian of the Volunteer. I have carefully read this Volunteer Waiver and Release. On behalf of the minor Volunteer, I agree with it.	
Signature of Parent/Guardian:	Date:

CONSENT AND AUTHORIZATION FOR MINOR'S TREATMENT

(Applicable only to Volunteers under the age of eighteen (18).)

In the event that Volunteer is a minor and sustains bodily injury while participating at the Event, I, the undersigned Parent/Legal Guardian of the Volunteer, consent to and authorize the Oklahoma Quarter Horse Association, Inc., its officers, directors, employees, or volunteers to seek out and obtain the appropriate health care from a qualified health care provider, including, but not limited to, paramedic services, medical services, dental services, osteopathic services, and/or hospital services. It is understood that this authorization is given in advance of any such injury or treatment, but it is given in advance to provide authority and power to render any care any responder, paramedic, or physician may deem advisable. I understand that I may be financially responsible for any care rendered pursuant to this Consent and Authorization.

(Parent or Legal Guardian Signature Required if Volunteer is under 18 years of age.)	
I am the Parent or Legal Guardian of the Volunteer. I have carefully this Consent and Authorization for Minor's Treatment, and I agree with it.	
Signature of Parent/Guardian:	Date: