

**ARKANSAS STATE CHAMPIONSHIP HORSE SHOW ASSOCIATION
WAIVER AND RELEASE**

DISCLAIMER OF RESPONSIBILITY:

I hereby release the Arkansas State Championship Horse Show Association, its officers, agents, employees, board of directors and assigns, any other persons, firms or corporations from any and all claims, demands, damages or injury to myself and family while participating in the Arkansas State Championship Horse Show. I also release Barton Coliseum of the same.

Printed Name of Exhibitor

Signature of Exhibitor

**Printed Name of Parent or Guardian
If the above is a minor**

**Signature of Parent or Guardian
If the above is a minor**

Address of Exhibitor:

Printed Name of Witness: _____

Signature of Witness: _____

******THIS RELEASE DOES NOT REQUIRE A NOTARY******