



AMERICAN HORSESHOE PITCHERS ASSOCIATION OF AMERICA ENTRY BLANK AND RELEASE FORM

NOTICE: THIS ENTRY BLANK AND RELEASE FORM IS A CONTRACT
WITH LEGAL CONSEQUENCES. READ IT CAREFULLY BEFORE
SIGNING.

By signing this entry form, I fully assume the risks associated with such participation including, by way of example, and not limitation, the following: the dangers of being hit by a horseshoe, the dangers arising from surface hazards, and weather conditions; and the possibility of serious physical and/or mental trauma or injury associated with horseshoe pitching competition.

I hereby waive, release and discharge for myself, my heirs, executors, administrators, legal representatives, assigns, and successors in interest any and all rights and claims which I have or which may hereafter accrue to me against the sponsors of this event, the American Horseshoe Pitchers Association, the organizer and any promoting organizations(s), property owners (and their respective agents, official, and employees) through or by which the events will be held for any and all damages which may sustained by me directly or indirectly in connection with, or arising out of, my participation in or association with the event.

I agree, for myself and successors, that the above representatives are contractually binding, and that should I or my successors assert my claim in contravention of this agreement, I or my successors shall be liable for the expenses (including legal fees) incurred by the other party or parties in defending.

This agreement may not be modified orally, and a waiver of any provision shall not be construed as a modification of any other provision herein or consent to any other provision herein or as a consent to any subsequent waiver or modification.

PARENT OR GUARDIAN of a minor: I, as parent or guardian of the below named minor, hereby give my permission for my child or ward to participate in the event and further agree, individually and on behalf of my child or ward, to the terms of the above.

Today's Date: _____ , _____ Age: _____

Name: (print) _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____

Signature of entrant: _____

Signature of Parent or Guardian: _____