



***Wisconsin Interscholastic Horsemanship Association
(WIHA)***

This form must be signed by every rider, rider's parent or guardian.

The parents, rider, and any other representatives agree to hold the Officials, Coaches, and WIHA harmless for any action taken.

Warning:

“A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine in not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in section 895.481 (1) (e) of the Wisconsin Statutes”

Print Riders Name: _____

Rider's signature: _____ date: _____

Parent or guardian's signature: _____ date: _____

___ yes, I give permission to WIHA to use my daughter/son's name or photographic images to promote or publicize WIHA

___ no, I do not give permission for WIHA to use my daughter/son's name or photographic image to promote or publicize WIHA

Parent or guardian's signature: _____ *date:* _____