



World Para Reining Physician Statement

SUBMIT FORM TO:
World Para Reining
8317 FM 455 Pilot Point, TX
76258

I certify that (rider) _____ has been
diagnosed with the condition(s) as described below.

Name of Physician _____

Date _____

Signature of Physician _____

License _____

City and State/ Province/ Country of Practice _____

NOTE: World Para Reining (WPR) does NOT assume responsibility for safety of participants. In the case of adult participants, each participant assumes all risks of personal injury or property damage, and releases and discharges World Para Reining and Show Management, their respective officers, directors, representatives and employees, from any liability, whenever or however arising, as to personal injury or property damage occurring as a result of participation in these events, except for the negligent act or omission if any, said indemnities. If the participant is a minor, the 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 WPR 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 indemnity. Further, as parent or legal guardian, they agree to indemnify and hold harmless WPR and Show Management from such liability to the minor.

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

Date