

International Trotting & Pacing Association Insurance Form

Please Print

Stables Name: _____

Name: _____

Address: _____

Phone: _____ **Email:** _____

EACH owner, trainer, lessee, and driver must be a member of the I.T.P.A. and a local club.
EVERY PERSON who is on a track on race night must have paid the \$15 insurance fee.

EVERY HORSE that races at any track must be covered by its OWN insurance for that year.
(\$15 per horse). There will be NO insurance surcharge on race night.

I GIVE PERMISSION FOR DRUG TESTING ON MY HORSE(S) AT ANY RACE. (Initial) _____

I have read the release of liability and assumption of risk agreement, fully understand its terms,
understand that I am giving up substantial rights by signing it, including but not limited to the
right to sue, and I am signing it freely and voluntarily without any inducement and I further agree that
no oral representatives, statements and inducements apart from the foregoing written agreement
have been made. (Initial) _____

The horses listed on the form are the responsibility of:

Signature : _____ **Date :** _____

Circle: **owner** **trainer** **lessee** **driver**

**For a copy of the ITPA Waiver and Release ask the ITPA office for a
copy or it is available on the ITPA website. WWW.ITPA.BIZ**

For office use only: Insurance _____

I.T.P.A. Dues: _____ **Local Club:** _____

