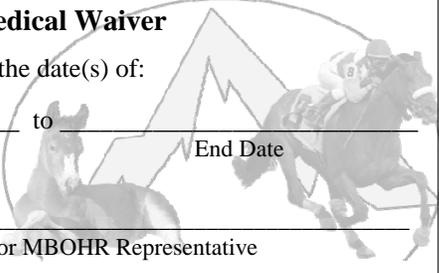


# State of Montana

Montana Board of Horse Racing  
P.O. Box 551  
Corvallis, MT 59828  
(406) 961-5422  
[www.commerce.mt.gov/horseracing](http://www.commerce.mt.gov/horseracing)

<b>Jockey Medical Waiver</b>		
Valid for the date(s) of:		
_____	to	_____
Start Date		End Date
_____ Signature of Steward or MBOHR Representative		



I, \_\_\_\_\_, do agree not to hold liable \_\_\_\_\_  
\_\_\_\_\_ (race track name), Montana Board of  
Horse Racing, or any of its representatives, or anyone that I accept riding obligations from, for any health issues or liability resulting  
from not being able to acquire a physical examination from a licensed medical doctor before my riding obligations during or before  
the **“Start Date”** and **“End Date”** listed above.

Furthermore, I will agree to have a complete physical examination from a licensed medical doctor on file with the Montana Board of  
Horse Racing before I accept any future riding engagements after the **“End Date”** listed above. I agree that my jockey’s license is  
temporary and can/will be revoked if I do not fulfill my obligation of obtaining a complete medical examination before accepting any  
future riding engagements after the **“End Date”** listed above.

***Signature by jockey or apprentice jockey should be made in front of a steward or other representative of the Montana Board of  
Horse Racing.***

\_\_\_\_\_  
Signature of Jockey or Apprentice Jockey

\_\_\_\_\_  
Signature Date