

State of Montana

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

Jockey Medical Waiver	
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