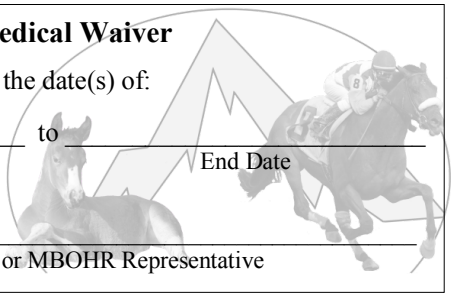
State of Montana
Montana Board of Horse Racing
Montana Department of Commerce
Attention DO Accounting
301 S Park Ave.
Helena, MT 59620
406-841-2725

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