



RELEASE, INDEMNIFICATION, WAIVER, & ASSUMPTION OF RISK
HARFORD HORSE SHOWS ASSOCIATION
2018 SHOW SEASON

In consideration for the participation of the undersigned ("Participant") in any or all the HHSA sponsored equestrian events and/or shows ("Events") during the 2018 Show Year, I hereby agree to the following:

- 1) I (Participant, Parent or Guardian's Name on behalf of Participant) _____ choose to voluntarily participate in any Events of HHSA with my horse/pony. My participation will be as a rider, trainer, driver, owner, lessee, owner, coach, driver, handler, agent, helper and/or the parent or legal guardian of minor Participant.
- 2) I understand that equestrian sports and Events are dangerous and involve inherent risks the Participant and or their horse/pony including, but not limited to, injury, accident, loss, bodily injury, trauma, pain, suffering and/or death ("Risks"). I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF DAMAGES, INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: (Participant, Parent or Guardian's initials) _____
- 3) I expressly assume all Risks to me and/or my horse/pony resulting from the negligence of HHSA and the venue for any Event including, but not limited to, Heavenly Waters Equestrian Center, Paddock Place Equestrian Center, Garrison Forest School, St. James Academy, Tranquility Manor Farm, Elkridge Harford Hunt Pony Club, Caves Farm, Claddagh Manor Farm, St. John's Church, Country Hill Farm, Molly Hill Farm and Goucher College ("Venue" or "Venues").
- 4) I hereby release and hold harmless HHSA and the Venue including, but not limited to, their respective offices, officials, directors, employees, agents, volunteers, affiliated organizations, successors and assigns from any and all claims, actions, law suits, damages and causes of action arising from or associated with HHSA and any Events.
- 5) I agree to indemnify HHSA and the Venue and to hold them harmless with respect to any claims, injury or loss to me or my horse/pony and from any claims or causes of action made by others for any Risks caused by me or my horse/pony.
- 6) I have read the HHSA Rules and will abide by such.
- 7) I acknowledge that I am required to wear approved protective equipment during an Event and that HHSA strongly urges me do so while warning that such equipment cannot guard against all injuries.
- 8) If I am a parent or guardian of a minor participant, I consent to the minor's participation and agree to all of the obligations of this Release and to assume all of the obligations of a participant on the minor's behalf.
- 9) This Release shall be construed under and interpreted in accordance with the laws of the State of Maryland.

Signature of Participant, Volunteer, and/or Member and Owner
(Parent or Guardian if under the age of 18)

Date

Printed Name/Relation to Applicant (i.e. Parent, Guardian, Self, Owner)

REQUIRED Emergency Contact to be reached at a show in the event of injury

Emergency Contact Phone