

**Equine Release, Waiver and Indemnification for the May 01, 2010
Confidence Building Obstacle Clinic**

(rain date May 02, 2010)

The undersigned participant, and his or her legal guardian if the participant is under the age of 18 years, does/do hereby execute this release, waiver, indemnification for himself or herself/themselves and his or her/their heirs, successors, representatives, and assigns, acknowledges the inherent risk involved in riding and working around horses, which risks include bodily injury from using, riding or being in close proximity to horses among other risks, and further that both horse and rider can be injured in normal use or in competition, lessons or schooling.

In Consideration of the above information, the undersigned does hereby agree to hold harmless and indemnify and further release Tri-State Riding Club, its members, instructors, agent, representatives, facility owners and other organizations affiliated with this activity from any and all liability, loss, damage, costs, claims, and/or causes of action, including but not limited to all bodily injuries and property damage arising out of participation in the Confidence Building Obstacle Clinic, it being specifically understood that said activity includes the handling of equines by the undersigned participant, or responsibility for accident, damage, injury or illness to Undersigned on the premises of facilities used, donated to, or leased by the Club.

I fully understand that horseback riding, cross-country horseback riding and fox hunting (which includes riding over fences, other obstacles, and steep and rough terrain) are very dangerous activities. Pursuant to Sections § 3.2-6200 – 6203 of the Code of Virginia, I execute this waiver of my rights to sue and agree to assume all risks inherent in equine activities and have notice of all risks inherent in equine activities including (i) the propensity of an equine to behave in dangerous ways which may result in injury to the participant, (ii) the inability to predict an equine's reaction to sound, movements, objects, persons or animals, and (iii) hazards of surface or subsurface conditions and riding over unknown terrain where hazards may be hidden by vegetation or development. I wish to participate in these activities knowing they are dangerous.

IN EXCHANGE FOR BEING PERMITTED TO PARTICIPATE IN THE TRI-STATE RIDING CLUB CONFIDENCE BUILDING OBSTACLE CLINIC ACTIVITIES, FOR MYSELF, MY HEIRS, SUCCESSORS, REPRESENTATIVES, ASSIGNS AND LEGAL REPRESENTATIVES, I RELEASE AND AGREE NOT TO MAKE OR BRING ANY CLAIM OF ANY KIND AGAINST THE CLUB, NOR ITS MASTERS, OFFICERS, DIRECTORS, MEMBERS, INSTRUCTORS, OR GUESTS, OR ANY LANDOWNERS, LANDHOLDERS OR THE PERSONS MAKING PROPERTY AVAILABLE FOR ANY INJURY (INCLUDING DEATH), TO ME OR ANY DAMAGE TO MY PROPERTY WHETHER FROM ANYONE'S NEGLIGENCE OR NOT, OR ANY OTHER CAUSE, ARISING OUT OF MY PARTICIPATION IN THESE DANGEROUS HORSEBACK RIDING OR RELATED ACTIVITIES; AND I ALSO AGREE IF ANYONE MAKES ANY CLAIMS BECAUSE OF ANY INJURY TO ME (INCLUDING DEATH), OR FOR ANY DAMAGE TO MY PROPERTY, I WILL KEEP ALL THOSE RELEASED BY THIS AGREEMENT FREE OF ANY DAMAGES OR COSTS BECAUSE OF THOSE CLAIMS. FURTHERMORE, MY SIGNATURE HEREBY INDICATES MY AGREEMENT TO WEAR A HARD HAT WHICH MEETS SEI/ASTM F1163-00 STANDARDS AT ALL TIMES WHILE PARTICIPATING IN CLUB RIDING ACTIVITIES AND TO OBEY ALL RULES SET FORTH BY THE CLUB.

THIS WAIVER IS IN FORCE FOR THE MAY 01, 2010 (rain date May 02, 2010) CONFIDENCE BUILDING OBSTACLE CLINIC.

print name

print address

print phone

Date: _____

Signature: _____