## PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Mulford Riding LLC, their agents, owners, officers, volunteers, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as MR I hereby agree to release, indemnify, and discharge MR, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in Day Camps - Equestrian Youth Camp with Archery, Horseback Riding - Training & Instruction, baking, cooking, science hands on activities, nature studies, pottery, Pony Rides - Carousel or Hand Led, Inflatables Activites entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: slips and falls; colliding with others; loss of eye, strains, sprains, broken bones and musculoskeletal injuries including head, neck, and back injuries; cuts, abrasions; cardiac related illness; heat exhaustion, heat stroke, and cardiac related events or illness; the negligence of other visitors, participants, or other persons who may be present; equipment failure; my own physical condition, and the physical exertion associated with this activity; transmissible pathogen or disease; participants may lose their balance that can result in falling from the horse; a horse, regardless of its training and usual past behavior, may act unpredictably at times, based upon instinct or fright which may cause you to be thrown from your horse or injured by the horse; horses may do such things as bite, kick, buck, lie down, or stumble; saddles may slip, your horse may collide with obstacles or encounter variations in terrain such as creeks, water, bridges, traveled roads, wild animals, birds, stumps, forest growth, debris, rocks and cliffs and other obstacles whether obvious or not and whether man made or natural; travel in remote areas. exposure to potentially dangerous wild animals, insect bites, and hazardous plant life

Furthermore, (MR) personnel have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

- 2. I expressly agree and promise to accept and assume all the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks. I agree to wear a properly fitted and secured certified helmet while participating in saddle animal rides.
- 3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless (MR) from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of **MR** equipment or facilities, including any such claims which allege negligent acts or omissions of **MR**
- 4. Should MR or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- 5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
- 6. In the event that I file a lawsuit against MR, I agree to do so solely in the state of Virgina and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against MR on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I also agree that this document is valid for subsequent visits and participation at MR. I have read and understood it, and I agree to be bound by its terms.

Print Name		DOB	Phone Number	
Address		City_		
State	_Zip	_Email		
Signature of Participant's Parent			Date	
PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)				
In consideration of the following minor(s): (print name(s))				

participation by minor(s). Minor(s) DOB(s) \_\_\_\_\_\_\_

Parent or Guardian: \_\_\_\_\_\_ Print Name: \_\_\_\_\_\_ Date: \_\_\_\_\_\_

being permitted by MR to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless MR from any and all claims which are brought by, or on behalf of minor(s), and which are in any way connected with such use or