

CHESTERFIELD HORSE SHOWS/ HORSEPLAY THERAPEUTIC RIDING PROGRAM, INC.
ASSUMPTION OF RISK, LIABILITY RELEASE AND HOLD HARMLESS AGREEMENT

THIS ASSUMPTION OF RISK, LIABILITY RELEASE AND HOLD HARMLESS AGREEMENT is made by and between Chesterfield Horse Shows/ Horseplay Therapeutic Riding Program, Inc., Chesterfield County and

(Print Name of Participant):_____

hereinafter referred to as participant, and the parent or guardian of the participant, if the participant is under 18 or otherwise under a legal disability.

(Print Name of Parent/Guardians):_____

WARNING: There are significant elements of risk in any adventure, sport, or activity associated with saddle animals including but not limited to horses, mules, and burros and use of related equipment.

In Consideration, therefore, for the privilege of riding and/or working with and around horses and/or receiving instruction or assistance, or any event participant attends or competes in with Chesterfield Horse Shows/ Horseplay Therapeutic Riding Program, Inc., its agents or assigns, the Undersigned does hereby agree **NOT TO SUE** and to hold harmless and indemnify Chesterfield County, or Chesterfield Horse Shows/ Horseplay Therapeutic Riding Program, Inc., its officers, directors, volunteers, employees, agents or assigns and successors, or Danny and Janet Workman, and further releases them from any liability or responsibility for accident, damage, injury, illness, or death to the Undersigned or to any family member or guest accompanying the Undersigned onto the premises or to the event. The Undersigned agrees to assume the risks related to participation in the event.

Further, participant understands that there are intrinsic dangers of equine activities, including but not limited (i) the propensity of equines to behave in ways that may result in injury, harm, or death to persons on or around them; (ii) the unpredictability of an equine's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, other animals; (iii) certain hazards such as surface and subsurface conditions; (iv) collisions with other animals or objects; and (v) the potential of a participant acting in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or not acting within the participant's ability.

Further, participant understands that he/she is responsible for any and all insurance coverage on either his/her horse, property, or his/herself. Chesterfield County, Chesterfield Horse Shows/ Horseplay Therapeutic Riding Program, Inc. does not and will not carry insurance on you or your property, including your horse.

Further, participant has been provided with a copy of the Policies and Program Rules of Horseplay Therapeutic Riding Program, Inc. and the participants of the Chesterfield Horse Shows have been provided with the Rules and Regulations of the show and agrees to abide by those policies, rules and regulations. Participant also agrees to notify all family members or other persons accompanying him/her to Chesterfield Horse Shows/ Horseplay Therapeutic Riding Program, Inc. of those rules and require they abide by those rules. Any failure by participant or his/her family member or guest to abide by the rules may result in participant being asked to leave Chesterfield Horse Shows/ Horseplay Therapeutic Riding Program, Inc. indefinitely.

WARNING: Under the Code of Virginia (Title 3.1, Chapter 27.5, & 3.1-796.130-133), equine activity sponsors and equine professionals are not liable for injury to or death of a participant arising out of riding, training, driving, grooming or riding as a passenger upon an equine, including rides, trips, and hunts however informal or impromptu and whether or not a fee is paid to participate in the activity.

WARNING: Liability actions prohibited except as provided in 3.1-796.133, an equine activity sponsor or equine professional shall not be liable for an injury to or death of a participant engaged in an equine activity.

This release shall remain in full force and effect until expressly revoked in writing, and upon revocation, the Undersigned acknowledges that the participant will be immediately dismissed from participating.

The Undersigned acknowledges that they have read and understand the terms of this release.

Signature of Participant:_____Date_____

Print Name:_____

Parent or guardian must sign if participant is under eighteen (18) years of age or under a legal disability.

Parent/Guardian signature:_____Date_____

Print Name:_____