



4015 DAMASCUS RD LAYTONSVILLE, MD 20882

**2015 CROSS COUNTRY SCHOOLING—ONLY ONE SIGNED FORM NEEDED FOR THE ENTIRE
YEAR****

RELEASE OF LIABILITY FOR PARTICIPANTS NAME _____ (please print)

In consideration of my voluntary participation in the activities at Waredaca/Camp Waredaca, Inc./Waredaca LLC, I acknowledge, appreciate and agree that:

- the risk of injury from the activities involved in this program, including but not limited to being in the presence of, mounted on and/or leading a horse, may be significant; this risk includes the potential for permanent paralysis or death.
- I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of those persons released from liability below, and assume full responsibility for my participation; and,
- I will comply with all rules, regulations, procedures and practices with Waredaca/Camp Waredaca, Inc./Waredaca LLC
- I, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify and hold harmless, Waredaca/Camp Waredaca Inc./Waredaca LLC, the owners, and lessors of premises used to conduct the equestrian activities, their officers, instructors, trainers, assistants, staff members, agents and/or employees ("Releasees") with respect to any and all injury, disability, death, or loss or damage to person or property whether caused by the negligence of the releasees or otherwise, to the fullest extent permitted by law.

**THIS RELEASE SHALL ENDURE FOR THE ENTIRE TIME OF MY INVOLVEMENT IN ANY
ACTIVITY AT WAREDACA/CAMP WAREDACA, INC DURING THE YEAR 2015.**

I know that Waredaca/Camp Waredaca, Inc./Waredaca LLC, , requires that I wear a certified helmet with protective harness and a body protector/protective vest at all times while mounted and be accompanied by at least one other person, either mounted or unmounted, and strongly recommends that

- I wear a medical armband at all times when mounted
- My designated grounds person carry an operating cell phone and that he/she is responsible for monitoring the rider(s) schooling
- I be responsible for inspecting each jump and its surrounding area prior to use
- I understand that I will be riding in areas where loose horses roam at their will
- I understand that I will be responsible for any emergency medical care and assistance, and that no medical person or first aid kit is immediately available
- Dogs be on a leash at all times and not moving about freely, acting as a distraction and potential safety hazard
- I bring my own water

I have read this release of liability and assumption of risk agreement, fully understand it's terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement:

X _____ AGE _____ DATE SIGNED: _____ 2015
PARTICIPANT'S SIGNATURE

FOR PARTICIPANTS OF MINORITY AGE/UNDER AGE 18 AT TIME OF REGISTRATION:

This is to certify that I, as parent/guardian with legal responsibility for this participant, have read the contents of the above release and do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from the negligence of the releasees, to the fullest extent permitted by law.

X _____
PARENT/RESPONSIBLE PARTY SIGNATURE

EMERGENCY PHONE NUMBERS

XC RELEASE/BLUE