

**LIABILITY RELEASE, WAIVER OF RIGHTS TO SUE, AND
ASSUMPTION OF RISKS
FOR VISITORS AND PARTICIPANTS IN EQUINE
ACTIVITIES**

(Code of Virginia § 3.2-6200 *et seq.*)

In consideration of instruction or services and the use of the premises or facilities of MILESTONE SPORT HORSES, LLC, a Virginia limited liability company, and MSH HOLDINGS, LLC, a Virginia limited liability company, located at 13740 Picnic Woods Road, Lovettsville, Virginia 20180, and as a further inducement to MILESTONE SPORT HORSES, LLC and MSH HOLDINGS, LLC to provide said instruction, services, premises or facilities, I, the undersigned, on my own behalf as a participant/visitor, or as parent/legal guardian for and on behalf of the minor child identified below, hereby agree and acknowledge as follows:

I HEREBY ACKNOWLEDGE that participating in equine activities or visiting the facilities of MILESTONE SPORT HORSES, LLC and MSH HOLDINGS, LLC located at 13740 Picnic Woods Road, Lovettsville, Virginia 20180, can be dangerous. I acknowledge the inherent risks 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 I further acknowledge that both horse and rider can be injured in normal use or in competition and schooling. I FULLY UNDERSTAND THAT RIDING HORSES AND PARTICIPATING IN OTHER EQUINE ACTIVITIES INVOLVES CERTAIN INTRINSIC DANGERS OR CONDITIONS THAT ARE AN INTEGRAL PART OF EQUINE ACTIVITIES, INCLUDING: (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, OR 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. I WISH TO PARTICIPATE IN THESE EQUINE ACTIVITIES KNOWING THAT THEY ARE DANGEROUS AND I HEREBY AGREE TO ACCEPT AND ASSUME ALL RISKS OF INJURY (INCLUDING DEATH) TO ME OR MY PROPERTY RESULTING FROM MY PARTICIPATION IN SUCH ACTIVITIES.

In consideration for being permitted to access the premises and facilities or participate in said equine activities, I KNOWINGLY WAIVE ALL OF MY RIGHTS TO SUE, AND UNCONDITIONALLY REMISE, RELEASE, ACQUIT, AND FOREVER DISCHARGE MILESTONE SPORT HORSES, LLC, A VIRGINIA LIMITED LIABILITY COMPANY; MSH HOLDINGS, LLC, A VIRGINIA LIMITED LIABILITY COMPANY; HANNAH F. SCHOFIELD, INDIVIDUALLY; SHAWN SCHOFIELD, INDIVIDUALLY; MILES COWDRY, INDIVIDUALLY; THEIR OWNERS, PRINCIPALS, AGENTS, EMPLOYEES, OFFICERS, DIRECTORS, MANAGERS, MEMBERS, SHAREHOLDERS, AFFILIATES, GUESTS, AND INVITEES (ALL OF THE FOREGOING PARTIES BEING REFERRED

TO HEREIN COLLECTIVELY AS THE “**FULLY RELEASED PARTIES**”), FROM AND AGAINST ANY AND ALL LIABILITIES, CLAIMS, ACTIONS, CAUSES OF ACTION, LOSSES, SUITS, DEMANDS, DEBTS, DAMAGES, COSTS, OBLIGATIONS, OR RESPONSIBILITIES, INCLUDING REASONABLE ATTORNEY’S FEES AND LEGAL COSTS INCURRED BY THE FULLY RELEASED PARTIES, ARISING FROM OR RELATED TO ANY INJURY (INCLUDING DEATH) TO ME, OR TO ANY INJURY, LOSS, OR DAMAGE TO ME, ANY OF MY PROPERTY, OR THE PROPERTY OF ANY THIRD PARTY, RESULTING FROM ANY OF THE INTRINSIC DANGERS OF EQUINE ACTIVITIES OR IN ANY WAY ARISING OUT OF MY PARTICIPATION IN SUCH EQUINE ACTIVITIES OR RELATED ACTIVITIES, WHETHER OR NOT SUCH INJURY, DEATH, LOSS, OR DAMAGE IS THE RESULT OF THE NEGLIGENCE OF ANY PARTY. I FURTHER AGREE TO HOLD HARMLESS AND INDEMNIFY THE FULLY RELEASED PARTIES FROM AND AGAINST ANY AND ALL LIABILITIES, CLAIMS, ACTIONS, CAUSES OF ACTION, LOSSES, SUITS, DEMANDS, DEBTS, DAMAGES, COSTS, OBLIGATIONS, OR RESPONSIBILITIES INCURRED BY THEM IN CONNECTION WITH ANY CLAIMS, DEMANDS, OR ACTIONS MADE OR BROUGHT BY ANY PARTY RELATING TO MY PARTICIPATION IN EQUINE ACTIVITIES.

I ACKNOWLEDGE THAT ANY PARTICIPANT IN EQUINE ACTIVITIES IS REQUIRED TO WEAR AN ASTM/SEI CERTIFIED EQUESTRIAN HELMET WHILE MOUNTED.

I HAVE CAREFULLY READ THIS LIABILITY RELEASE, WAIVER OF RIGHTS TO SUE, AND ASSUMPTION OF RISKS AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF ALL LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE FULLY RELEASED PARTIES AND I SIGN IT OF MY OWN FREE WILL and further agree that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.

Signature of Participant: _____ Date _____

Printed name of Participant: _____

Address: _____

Phone/Email: _____

Signature of Parent/Guardian: _____ Date _____

(Must be signed if Applicant/Participant is under 18 years of age)

Printed Name of Minor: _____

Address: _____

Phone/Email: _____