



RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

I request permission to participate in a cross-country safety riding clinic in the Hitchcock Woods.

I fully understand that cross-country riding (which includes riding over fences, other obstacles, and steep and rough terrain) is a very dangerous activity. I wish to participate in these activities knowing they are dangerous. I accept and assume all the risk of injury (including death) to me or my property.

In exchange for being permitted to participate in these activities, for myself, my heirs, guardians, and legal representatives, I release and agree not to make or bring any claim of any kind against Lellie Ward, the Hitchcock Woods or Paradise Farm for any injury (including death), to me or for any damage to my property whether from anyone's negligence or any other cause, arising out of my participation in cross-country riding.

I also agree that 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 from any liability of any kind associated with my participation in cross country riding and all of its associated activities. I further agree to keep all those related to this agreement free from any damage, liability, or costs, including attorney fees, arising out of any claims made on my behalf.

I have read and understood this release and I understand all its terms. I execute it voluntarily and with full knowledge of its meaning and significance.

Participant Name (print) _____
Date ____/____/____
Signature _____
Address _____ / _____
Emergency Phone No. _____

****Note –If participant is a MINOR, signature of parent or legal guardian required below ****

Participant Name (print) _____
Date ____/____/____
Parent/ Guardian Signature _____
Address _____ / _____
Emergency Phone No. _____