

AMBER HILL FARM

CAMP RELEASE, WAIVER AND INDEMNITY AGREEMENT

I, _____, the parent/guardian of _____, or being an adult responsible for myself, hereby acknowledge that there are INHERENT DANGEROUS RISKS in ALL EQUINE ACTIVITIES, including horse sports and competitions, including, but not limited to, (1) the propensity of an equine to behave in dangerous ways which may result in injury to myself or others, or to the above mentioned person, or to property; (2) the inability to predict an equine's reaction to sound, movement, objects, persons or animals; (3) surface and subsurface conditions; and (4) the possibility of any equipment breakage. Any and all which may result in serious injury or death to myself or others, to my child/ward, horse or to property.

I HEREBY AGREE that I (and/or my child/ward) am participating voluntarily, FULLY AWARE OF THE DANGER AND RISK INVOLVED.

I FURTHER AGREE that in consideration for being permitted to participate in the inherently dangerous activity of engaging in equine activities, I agree for myself, my spouse, legal representatives, heirs and assigns, to release, waive and discharge AMBER HILL FARM, it's owners, family members, employees, agents, representatives and any and all associates from ALL LIABILITY for any loss or damage, any claim or damages resulting there from, on account of injury to my person or that of the above mentioned person or property, even injury resulting in permanent loss or death, whether caused by negligence of the releasees or otherwise, while I am engaging or participating in any equine related activity while on the premises of AMBER HILL FARM, or involved in any activity using equines owned or associated with AMBER HILL FARM, or the owners, family members or employees of said farm.

I EXPRESSLY ASSUME full responsibility of any and all risk of bodily injury, death or property damage whether due to negligence of releasees or otherwise while on said premises, or involved with activities including equines associated with said farm, owners or family members or employees.

I EXPRESSLY AGREE that this release, waiver and indemnity agreement is intended to be as broad and inclusive as possible as permitted under the law of the Commonwealth of Virginia as pursuant to the EQUINE ACTIVITY LIABILITY ACT, Title 3:1 under Chapter 27.5, including all, but not limited to, Sections 3:1-796, 130 through 3:1-796, 133 of the Code of Virginia as amended.

I HAVE KNOWINGLY EXECUTED this waiver of my rights to sue, and agree to assume all risks and costs of any damages.

I am also aware that AMBER HILL FARM and/or it's owners or assigns do not maintain separate equine activity liability insurance for at said facility, and waive my right to sue or bring legal action against them in any way.

SIGNED this _____ day of _____, 20_____

SIGNATURE of RELEASOR _____

PARENT/GUARDIAN (please print) _____

PARTICIPANT'S NAME (please print) _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____ Email _____

Lyle or Marty Hartmann, RELEASEES
AMBER HILL FARM
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Rhoadesville, VA 22542
540 854-6136