

**BLUE HORSE FARM – LESLIE A. RAULIN (OWNER)**  
**RELEASE, ASSUMPTION OF RISK, WAIVER, AND INDEMNIFICATION FORM**

*This document waives important legal rights. Read it carefully before signing.*

In consideration for allowing me to use the premises and facilities known as Blue Horse Farm and located at 2027 Gapland Road, Jefferson, MD 20755 (the "Premises") I agree to the following:

- I AGREE that I choose to participate voluntarily in equestrian sports as a rider, handler, lessee, owner, agent, coach, trainer, or as parent or guardian of a minor who wishes to do so. I am fully aware and acknowledge that horse sports involve dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death ("Harm").
- I AGREE to release Blue Horse Farm, its owner, workers, and volunteers (hereinafter collectively referred to as "Operator") from all claims for money damages or otherwise for any Harm to me, my horse, or others and for Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of the Operator.
- I AGREE to expressly assume all risks of Harm to my horse, including Harm resulting from the negligence of the Operator.
- I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Operator and to hold the Operator harmless with respect to claims for Harm to me or my horse and for claims made by others for any Harm caused by me or my horse while on the Premises.
- I understand about protective equipment, and I AGREE to wear protective equipment, including but not limited to fastened approved safety riding helmets, at all times while mounted. I understand that no protective equipment can guard against all injuries.
- I AGREE that I have the requisite training, coaching, and riding abilities to safely participate in equestrian activities.
- I AGREE that I have liability insurance that covers me and any horse(s) that I own, ride, or allow others to ride for all equine related activities and events, including those at the Premises.
- I AGREE that the Premises and the owner of the Premises are not responsible for any disease that may be acquired by horse or person.
- If I am a parent or guardian of a minor (age less than 18 years), I consent to the minor's participation in equestrian activities while on the Premises. I AGREE to all of the above provisions and AGREE to assume all of the obligations of this Release on the minor's behalf. Furthermore, I understand that I must be present on the Premises at all times while the minor is present.
- I absolve all parties of any responsibility for any infectious disease that may have been contracted by human or horse while on the show grounds.
- BY SIGNING BELOW, I AGREE to be bound by all provisions above and I understand this form has no expiration date.

**Date:** \_\_\_\_\_

**If Rider is age 18 or over:**

Print Rider Name: \_\_\_\_\_

Rider Signature: \_\_\_\_\_

**If Rider is under 18 years of age:**

Print Rider Name: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Phone Number:** \_\_\_\_\_