

MACCRIMMON STUD AND  
ALLAN AND CLOVER SPORT HORSES

RELEASE AND HOLD HARMLESS AGREEMENT

**WARNING**

Horses, horseback riding, and all its related activities are dangerous and there are risks involved in your participation. You can be seriously/permanently injured or killed as a result of your participation in horses, horseback riding, or its related activities. Each individual Participant, regardless of experience, has final responsibility for his/her own safety.

READ CAREFULLY AND COMPLETE ALL SECTIONS BEFORE SIGNING

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By my signature on this document, I hereby fully and completely release from any and all liability or damages whatsoever MacCrimmon Stud LLC, a Maryland Limited Liability Company owned by Kathryn G Simpson and Paul Simpson, Allan and Clover Sport Horses, Samantha Allan and Jennifer Clover, and each of their agents, affiliates or employees (each of the foregoing being a "Released Party" hereunder) that may arise from my participation in any and all activities (including but not limited to equine instruction and handling, transportation, use of a horse or pony not owned by me) occurring on the property of, or in connection with equines owned by MacCrimmon Stud or Kathryn and/or Paul Simpson and or with respect to activities sponsored by Allan and Clover Sport Horses. I give this release freely and voluntarily and this release shall remain in existence throughout the duration of my participation in the equine and/ or other activities referenced above. I further agree to abide by each of the Released Party(s) rules including but not limited to use of ASTM/SEI certified helmet that is in good condition and proper foot wear for riding at any time Participant is mounted or engaging in activities for which such equipment is recommended.

PRINT FIRST NAME: \_\_\_\_\_ PRINT LAST NAME: \_\_\_\_\_

Emergency Contacts Information:

1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Participant (required for anyone 13 and over)**

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

\_\_\_\_\_  
**Signature of Legal Guardian (required for anyone under 18)**

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

**Contact Information:**

Mailing address: \_\_\_\_\_

Phone numbers: 1 \_\_\_\_\_ 2 \_\_\_\_\_

Email: \_\_\_\_\_