I, the undersigned, do hereby sign the following representation, assumption of risk and release agreement in consideration of being permitted to horseback ride on and to use for other permitted purposes the property, facilities and horses of Susan L. Gustafson, Scott F. Gustafson and Blue Hollow Farm LLC located at 308 Prospect Spring Lane, Boyce, Clarke County, Virginia.

I hereby certify that I fully understand that horseback riding and the handling of horses is inherently dangerous to the participants and that there is serious possibility that I will suffer injury or death as a result of participation. I hereby state that I have been given notice of the risks of equine activities pursuant to the section 3.1-796.132 of the Code of Virginia, 1950, including but not limited to:

* The propensity of an equine to behave in dangerous ways which may result in injury to the participant.
* The inability to predict an equine’s reaction to sound, movements, objects, persons, animals or wildlife.
* Hazards of surface or subsurface conditions.

I expressly agree to assume all the above-described risks and all other risks of equine activities.

I represent that I am properly trained and competent to horseback ride without endangering myself or other people. I agree that should emergency medical treatment be required, I and/or my own accident/medical insurance company shall pay for all incurred expenses.

As further inducement to the above-named parties to allow me to horseback ride on or to use for other permitted purposes the above-described property, facilities and horse, I agree to release, hold harmless and fully indemnify Susan L. Gustafson, Scott F. Gustafson, Blue Hollow Farm LLC and any member of their family from all liability, claims, actions, causes of actions or demands, including attorneys fees and costs, that I or any other person, including my heirs, might otherwise have or assert for any personal injury, property damage or other claim or other matter arising out of or related to any horseback riding on or otherwise using the property, facilities and horses of Susan L. Gustafson, Scott F. Gustafson and Blue Hollow Farm LLC.

I also waive any and all claims, actions, causes of actions or demands that I or my heirs may now have or which may arise in the future, further covenant that neither I or my heirs will sue Blue Hollow Farm LLC, Susan L Gustafson, Scott F Gustafson and any member of their family for any personal injury, property damage or other claim resulting from my horseback riding on or otherwise using the above described property, facilities and horses.

I acknowledge and accept that all terms of this agreement extend to my heirs and family.

I agree at all times to comply with the Blue Hollow Farm rules. I agree to use an ASTM/SEI certified riding helmet at all times while riding on Blue Hollow Farm premises.

Print Participant Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian if rider under age 18)