Equine Riding Release for Lessons, Activities and Hold Harmless Agreement

Virtue Stables LLC

The undersigned acknowledges the inherent risks involved in riding, working and being around horses and ponies, which risks include bodily injury from using, riding and being in close proximity to horses among other risks, and further that horse, rider, handle and bystander may be injured in normal use, competition, schooling, training or just being near them. Activities include mounted, unmounted and being on the property.

In consideration for the privilege of riding, working and/or being around horses and/or being a spectator at the activities being held at the 980 Waggoners Gap Road, Carlisle PA 17013 or off the property when with Virtue Stables LLC and participating in this activity, the undersigned does hereby agree to hold harmless and indemnify the owners and occupants of the said property and further release them from any liability or responsibility for the accident, damage, death, injury or illness to the undersigned or any family member or spectator accompanying the undersigned on said premises. A parent must sign and agree to hold harmless the owners or occupants on behalf of their child.

In exchange for being permitted to participate in these activities, I do for myself, my heirs, guardian and legal representatives, release and agree not to make or bring any claim of any kind against the owners or occupants of the above described property, Virtue Stables LLC, employees, volunteers, spouse, heirs or any other representatives, or any horse owners on the property whose horse I or my child may ride or come in contact with, for any injury including death to myself or my child or any damage to my property whether from anyone’s negligence or not, or any other cause, arising out of my presence on the premises or my or my child’s participation in these dangerous horse related activities and on the property. My signature hereby indicates my agreement for myself or my child to wear a riding helmet at all times while riding on the property and I and my child shall obey all rules of the property owner and barn manager. I as the undersigned acknowledge that I have no necessity to participate in this activity and that there are other facilities at other sites that I can use.

Virtue Stables LLC and Property owners take no responsibility of accident, injury of any kind or death to any siblings, family, friends or guests the undersigned may bring onto the property. Owners and Jennifer Clouser are not responsible for any damage to personal or non-personal property a guest or the undersigned brings on to the above described property.

By signing below I, the undersigned, am stating that I have seen the blue warning signs posted on this property in accordance with the Pennsylvania Equine Activity Immunity Act (4 P.S. §§ 601-606). By signing below I am also stating that I am fully, completely and understand that I am doing this of my own free will and know that I may become but not limited to ill, injured, killed, permanently or temporarily disabled while being around, near or on a horse or pony.

Participant 18 years of age or older: Legal Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant under 18 years of age: Child’s name and date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal name for the parent or guardian (if more than one parent or legal guardian, all must sign) of the child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete mailing address:

Phone number: Email address:

Date signed:

\*\*Please initial for photo and/or video release:\_\_\_\_\_\_\_\_ Agree to allow photos and/or videos taken to be used for promotional purposes.