

2012 Clinic/Competition/Practice York Stables Release

USMGA RIDER/VOLUNTEER

Please return this form with your entry.

The undersigned acknowledges the inherent risk involved in riding and working around horses, which risks include bodily injury from using, riding or being in close proximity to horses among other risks, and further that both horse and rider can be injured in normal use or in competition and schooling. In consideration for the privilege of riding and working around horses at **York Stables** the undersigned does hereby agree to hold harmless and indemnify **York Stables US Mounted Games Association**, its officers, sponsors and members and further release them from any liability or responsibility for accident, damage, injury or illness to Undersigned or any horse owned by me or to any family member or spectator accompanying the Undersigned on the premises of **York Stables**.

I fully understand that riding and the playing of mounted games are very dangerous activities. I fully understand that riding is a very dangerous activity with many inherent risks including (i) The propensity of an equine to behave in dangerous ways which may result in injury to the rider, trainer, groom or handler, (ii) The inability to predict an equine's reaction to sound, movements, objects, persons or animals. I wish to participate in these activities knowing they are dangerous. I accept and assume all the risks of injury (including death) to myself or my property.

In exchange for being permitted to participate in these activities for myself, my heirs, guardian, and legal representatives, I release and agree not to make or bring any claim of any kind against York Stables, US Mounted Games Association, or its masters, officers, directors, members, employees, or guests or any landowners, landholders or the persons making property available for the activity (including death), to me or any damage to my property whether from anyone's negligence or not, or any other cause, arising out of my participation in these dangerous horseback riding or related activities; and I also agree if anyone makes any claims because of any injury to me (including death), or for any damage to my property, I will keep all those released by this agreement free of any damages or costs because of those claims. My signature hereby indicates my agreement.

Print Rider/ Volunteer Name: _____

Rider / Volunteer Signature: _____ Date: _____

Parent Signature: _____

(if rider/volunteer is under 18 years of age)