

HorseNet Horse Rescue

A 501(c)3 Non Profit Horse Rescue Organization
P.O. Box 358
Mount Airy, MD 21771
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RIDER, WAIVER and INDEMNITY AGREEMENT

Name:				Age
Mailing Address:				
Home Phone:			Work Phone:	
Email:			Emergency Contact:	

The undersigned attests that he/she is physically fit, adequately knowledgeable and sufficiently trained to participate in horseback riding and has read, understands and voluntarily signs this document and further agrees that no oral representations, statements or inducements apart from this written agreement have been made.

The undersigned hereby acknowledges that riding horses or any equine species [hereinafter "riding"], entering upon the premises and/or participating in any other activities on or around horses and/or any equine species involves inherent risks and hazards and elects voluntarily to enter upon the premises, knowing their present condition and knowing that their condition may become more hazardous and dangerous during the time that each of the undersigned is on the premises. The undersigned further acknowledges being warned to wear protective headgear at all times and understands that wearing a helmet may prevent serious injury or death. Notwithstanding, each of the undersigned assumes all risk of loss, damage or injury, including death, that may be sustained by any or each of the undersigned participating in any and all activities and/or while in or on the premises, or any premises leased to, owned by, sanctioned by or under the control or supervision of HorseNet, Inc., or enroute to or from any of the premises [hereinafter "premises"], regardless of date.

In consideration of receiving permission from HorseNet, Inc. to enter on its premises, and, in further consideration of receiving permission to participate in any activities sponsored by, or on the premises of HorseNet, Inc., or to utilize or otherwise obtain any services or goods offered or sold by, or on the premises of HorseNet, Inc., the receipt of such permission being also acknowledged, each of the undersigned [hereinafter "Releasor(s)"] releases HorseNet, Inc., its agents, officers, servants and employees [hereinafter "Releasees"] of and from any and all liability, claims, demands, actions and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by any or each of the undersigned, or any property of any or each of the undersigned, while participating in any and all activities and/or otherwise in or on the premises.

The Releasor(s) also hereby agrees to indemnify and save and hold harmless the Releasees and each of them from any loss, liability, damage or cost they may incur due to riding, the presence of the undersigned in or on the premises and/or participating in any activities on or around horses and/or any equine species and whether caused by the negligence of the Releasees and/or any of them or otherwise.

The Releasor(s) expressly agrees that the foregoing release, waiver and indemnity agreement is to be governed by the laws of the State of Maryland and is intended to be as broad and inclusive as is permitted by law, and that if any portion of it is held invalid, it is agreed that the balance shall notwithstanding, continue in full force and effect. This agreement is binding on the distributees, heirs, next of kin, executors, administrators and personal representatives of each of the undersigned.

Medical Consent to Treat / Medical Consent to NOT Treat

In the event that emergency medical aid/treatment is required by me for illness or injury while on any HorseNet property or participating in any HorseNet related activity ____ I DO | ____ I DO NOT authorize HorseNet to secure and obtain medical treatment and/or transportation if needed. (This authorization includes any treatment / procedure deemed "life saving" by a physician, hospital or other medical facility. This provision will only be invoked if the emergency contacts listed above cannot be reached and HorseNet must act on my behalf.)

Rider Signature: _____ Guardian Signature: _____ Date: _____

I, as parent or guardian, of the above applicant represent to HorseNet, Inc. that the facts herein concerning my child or ward are true. I hereby give my permission for my child or ward to participate in any equine related activity, and, further, in consideration of allowing my child or ward to participate in such activities, agree individually and on behalf of my child or ward, to the terms of the above foregoing release, waiver and indemnity agreement.