

**WAIVER OF LIABILITY & LEGAL RELEASE
FOR**

After the Races

3168 Telegraph Road, Elkton, MD 21921
(919) 741-9819

STATE OF Maryland

COUNTY OF Cecil

Date ____ / ____ / 2022

(Please Print Clearly)

I, _____, acknowledge and accept that horseback riding, activities involving horses when not mounted, and activities related thereto, including activities with dogs on the farm, involve the risk of personal injury or death. By my signature, (and, in case of a minor, the parent's or guardian's signature), they and I, hereby waive all rights, if any, claims, causes of action and lawsuits against After the Races, Bonnie Hutton, Steven King, their family, heirs, executors, legal representatives, administrators, successors, assigns, guests, employees, or agents affiliated with any of them in any manner (collectively, herein "After the Races"), for any injury, liability or damages which may occur while riding or handling any horse, whether leased or owned by After the Races or by any other person, or for any injury or damages which may occur while participating in any activity related to horseback riding and participating at the horse farm. I agree to indemnify, defend and hold harmless After the Races or any person or entity whose land a horseback ride crosses, for any accident, injury, or loss that might occur, and free such persons from all liability for such injury or loss. I understand that horseback riding and handling, particularly in farm environments with other animals and farm equipment, always involves danger and I participate at my own risk.

I understand that horseback riding and handling could involve being in remote areas for extended periods of time, far from communications, transportation, and medical facilities; that these areas have many natural and man-made hazards which horseback riders and handlers cannot anticipate, identify, modify, or eliminate; that horses can be excitable, difficult to control, and unpredictable; and that accidents can happen to anyone at any time. I further understand that horseback riding and handling involves such things as crossing creeks, galloping over uneven terrain, and being in strange places under adverse weather conditions which could result in injury to myself and the horse I am riding or handling. I acknowledge that accidental injuries have occurred in the past involving horses owned by or stabled by After the Races.

I agree to take full responsibility for myself and the animal I am riding, handling, or visiting. I am aware that wearing a certified safety helmet is a good preventive measure against head injury, and further understand that helmets are required for all riders. My signature below constitutes acceptance of the above terms and conditions. I have read and fully understand this liability release.

Medical Release Horse/Rider/Visitor

I further agree to allow and be financially responsible for any necessary emergency medical treatment by any available physician at any available medical institution in the event of my injury or illness, or the injury or illness of the minor signed for below. I have read and understand this liability release.

Date ____ / ____ / **2022**

Print Name

Rider/Visitor Signature

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

(Signature of Guardian if Rider is a Minor)

Street Address (Please print legibly as we use your address for mail outs)

City

St.

Zip

Ho. Phone

of. Phone or cell

E Mail: _____@_____

In Case of Accident Notify: _____ **Phone:** _____

Any Known Allergies or Medical Conditions:

