

Burgundy Hollow Farm, Inc.
3368 Church Road
Northampton, PA 18067
610-417-4231

Burgundy Hollow Horse Trials and/or Schooling/Riding

Release of Liability

RELEASE MUST BE FILLED OUT COMPLETELY AND SIGNED IF YOU WISH TO PARTICIPATE IN THIS ACTIVITY

Date of Show and/or Schooling/Riding: _____

I agree that my use of the facilities of Burgundy Hollow Horse Trials is subject to the conditions in this release.

I agree to wear protective headgear when riding that passes or exceeds the ASTM/SEI standards, with harness attached.

I agree to wear a body-protecting vest that meets or exceeds current USEF rules and approved medical armband when riding in cross-country activity.

I understand that the sports of eventing and horseback riding are high risk sports and that my participation in these activities may also involve participation in an "equine activity" as defined by Pennsylvania laws and are wholly at my own risk.

I understand that my participation involves all inherent risks associated with the dangers and conditions which are an integral part of equine activities including, but not limited to, the propensity of equines to behave in ways which may result in injury, harm or even death to humans or other animals around or near them; the unpredictability of equine reaction to sounds, sudden movements, smells, and unfamiliar objects; persons or other animals; hazards related to surface and subsurface conditions; collisions with other equines or objects; and the potential of a participant to act in a negligent or unskilled manner which may contribute to injury to the participant or others, including failing or inability to maintain control over the animal.

I agree, by participating in these activities, to assume responsibility for those risks, and I release and agree to hold harmless Michelle M. Casale, Thomas V. Casale, Burgundy Hollow Farm, Inc., Thomas E. McBride, Inc., Burgundy Hollow Horse Trials, the activity organizer, organizing committee, officials, their officers, agents, employees and the volunteers assisting in the conduct of this activity and the owners of any property on which said activity is being held, from all liability for negligence resulting in accidents, damage, injury or illness to myself and to my property, including the horse(s) which I may ride and which may accompany me.

I understand and agree that the organizer of this activity has the right to cancel this activity; to refuse any entry or application; to require and enforce the wearing of safety or other attire and the conduct of riders, horses, and visitors; and to prohibit, stop or control any action during the activity deemed by the organizer to be improper or unsafe.

I agree that as a condition of and in consideration of my use of its facilities, Burgundy Hollow Horse Trials may use or assign photographs, videos, audios, cablecasts, or other likenesses of me and my horse taken during the course of the competition for the promotion, coverage or benefit of the competition, activity, sport, the USEA, or the farm. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation.

I assume the risk of equine activity pursuant to Pennsylvania law.

I understand the requirement for signatures on this Release of Liability and my intent to be bound hereby may be satisfied by facsimile or electronic signatures through the placement of my signature on the appropriate signature line.

Participant's Name (Please Print) _____ DOB _____

Address _____

City _____ State _____ Zip _____ Phone _____

_____ Email _____

Number of horses I will be riding during activity (if applicable) _____

Level now riding (Check one) Intro _____ Starter _____ Beginner Novice _____ Novice _____

Signature _____ Date _____

Signature of Parent (If Participant is under 18 Release must be signed by Parent or Legal Guardian, not by trainer or instructor.) _____