

# Dwyer Hill Riding Club Risk and Waiver of Liability

**THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS AND LIABILITIES PLEASE READ CAREFULLY**

I / We request permission to participate in all equestrian-related events / clinics / shows being organized by Dwyer Hill Riding Club (DHRC) for the year **2025**.

**I / We fully understand that horseback riding, handling, and grooming of horses and other equestrian activities are very dangerous.**

I wish to participate in these activities knowing that they are dangerous.

I accept and assume all risks of injury (including death) to me or my property.

In exchange for being permitted to participate in these activities, for myself, my heirs, guardians, and legal representatives, I release and agree not to make or bring any claim of any kind against D.H.R.C. or officials, servants, employees, representatives, officers and directors for any injury (including death), to me or any damage to my property, arising out of my participation in these dangerous horseback riding or related activities.

\_\_\_\_\_  
RIDER SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

## **All Youth (18 years of age and under) MUST wear an Approved Head Gear**

I also understand that while participating in this high-risk sport, it is compulsory that my child wears a correct and proper headgear and footwear while mounted at all times at all DHRC events. NO EXCEPTIONS.

I accept and assume all risks of injury (including death) to my child or my property. I represent and warrant that I have authority to give this release.

In exchange for my CHILD / CHILDREN being permitted to participate in these activities, for my CHILD / CHILDREN, myself, my CHILD'S / CHILDREN'S heirs, guardians, and legal representatives, I release and agree not to make or bring any claim of any kind against DHRC, or its officials, servants, employees, representatives, officers and directors for any injury (including death), to me or any damage to my property, arising out of my participation in these dangerous horseback- related activities.

I acknowledge as parent / guardian that I have read and fully understand and agree to the term and conditions stated herein and that it is binding upon my executors, heirs and assigns.

\_\_\_\_\_  
PARENT'S/GUARDIAN'S SIGNATURE  
OF LISTED YOUTH(S) – IF APPLICABLE

\_\_\_\_\_  
PRINT NAME

**THIS RELEASE AND ACKNOWLEDGEMENT SHALL REMAIN IN EFFECT FOR  
THE DURATION OF THE 2025 SEASON**