**Hartland Riding Club**

**Individual Agreement & Waiver of Liability**

**Under Vermont law, an equine activity sponsor is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities that are obvious and necessary, pursuant to 12 V.S.A. section 1039.**

I understand that the sport of equine riding and driving is inherently dangerous and that serious injury or death can occur. I understand that participation in equine activities involves necessary risks. I agree that if an injury occurs to my horse, or myself or to any equipment that I may use or sent to use, I will make no claim against Hartland Riding Club or any of the officers,event management, volunteers, club members, any landowner, or any of the aforementioned heirs or insurance providers. I further agree to hold Hartland Riding Club, the officers, event management, volunteers, club members, landowners and the aforementioned heirs or insurance providers free and harmless from any liability, claims, suits or damages of whatsoever kind or nature that may be occasioned by the equines used by me or the negligence of the person in charge of such equines and I agree to indemnify and hold harmless this organization and individuals against all liability claims, suits and expenses including attorney fees incurred arising out of any injury to any person or animal or damage to any property caused by me, my equine, or attendants.

**Approved equine helmets (ASTM F SEI or ASTMF) are required for any and all participants in equine events sponsored by the Hartland Riding Club.**

**I have read and agree to abide by all event rules, policies and specifications for the event as described in the event entry form.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Rider/Driver Date Signature of Equine Owner Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent and/or Guardian if Participant is under 18 years of age Date

Updated 2/25/2019