

## Monkton Meadows Farm VOLUNTARY RELEASE AND INDEMNITY AGREEMENT

VOLUNTARY RELEASE AND INDEMNITY AGREEMENT	
1. Voluntary Participation	
I, (Participant, Parent or Guardian's Name)	
applied to participate in horseback riding (which shall include handling, gro	,
by DreamCatch Equine & Monkton Meadows Farm 17714 Troyer Road W	hite Hall MD 21161
2. Assumption Risk	
I UNDERSTAND THAT HORSES AND PONIES ARE UNPREDICTABLE ARIDIDNG IS A HAZARDOUS ACTIVITY AND THAT THERE IS INHEREN' EQUIPMENT INVOLVED IN THAT ACTIVITY. I HAVE INSPECTED THE AWILL BE CONDUCTED. I AM VOLUNTARILY PARTICIPATING IN THE ADANGER INVOLVED. I HEREBY AGREE TO ACCEPT ANY AND ALL RIAND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: (Par	IT DANGER TO ME, MY HORSE AND AREA WHERE THE HORSEBACK RIDING ACTIVITY WITH KNOWLEDGE OF THE ISKS OF DAMAGES, INJURY OR DEATH,
3. No Representation or Warranties	
I acknowledge that neither DreamCatch Equine & Monkton Meadows Farn principles or agents has made, or is making any representation, warranties	· · · · · · · · · · · · · · · · · · ·
me, and I hereby waive all remedies, warranties guaranties or liability, exp or riding provided to me, arising by law or otherwise.	pressed or implied, with respect to any training
4. Release, Discharge and Covenant Not to Sue	andowa Form to participate in these activities
As consideration for being permitted by Dreamcatch Equine & Monkton Mo and to use the facilities at Monkton Manor Farm, I, on behalf of myself and	· · ·
assigns, here by release DreamCatch Equine & Monkton Meadows Farm and their respective affiliates, employees,	
principles and agents, and any owner or provider of facilities at which or with which such training or riding is conducted	
(all referred to as "releases") from any and all actions, claims, demands an	
out of my participation in horseback riding or training or my presence on th	ne premises of DreamCatch Equine & Monkton
Meadows Farm, I hereby agree that I, my heirs, executors, administrators and assigns, will not make a claim against, sue	
or attach the property of any of the releases for injury, death, damages or I	
or property) resulting from or arising out of any acts or omissions of release	es, including without limitation any negligence
of releases.	
5. Indemnity Agreement I further agree that I will defend, indemnify and hold harmless DreamCatch respective affiliates, employees, principles and agents, against all actions, costs and attorney's fees) related to any injury, death, damages or propert participation in horseback riding and/or training or my presence on the pre-	, claims, demands and liabilities (including court ty damage resulting from or arising out of my
I HAVE CAREFULLY READ THIS VOLUNTARY RELEASE OF LIABILITY	/ AND ELILLY LINDEDSTAND IT'S
CONTENTS. I UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS.	
PARTICIPATION AT THE LOCATION. I HAVE EXECUTED THIS RELEAS	
ACCEPTANCE OF THE ABOVE PROVISIONS.	,
Date: Name of Rider:	
Home Number: Cell Number:	Email:
Medical Carrier:	
Policyholder: Policy Number:	
Signature if under 18, Parent and/or Guardian:	

Witness: \_\_\_