



Date: _____ Instructor/Guide: _____

Check Equestrian Activity:

Lessons Trail Camp Pony Party Group/Scouts Other _____

Equine Activity Release and Waiver

In consideration of my/my child's participation in any equine activities with Giles Run Stable, Tamarack Stables, Majewski, Inc., it's owners, instructors and staff (the "Business"), I hereby release and waive any rights to sue the Business, authorized employees, agents and representatives for any loss, damage, injury, or death to person(s) or property sustained by me/my child in equine activities by any cause whatsoever, including but not limited to any risk inherent in an equine activity.

I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as possible as permitted under the law of the Commonwealth of Virginia, and pursuant to the Equine Activity Liability Act, Title 3.1, under Chapter 27.5, including all of but not limited to Sections 3.1-796.130 through 3.1-796.133 of the Code of Virginia 1950, as amended.

I recognize the propensity of an equine to behave in dangerous ways which may result in injury or death to a participant or bystander, or damage to property.

I recognize the inability to predict an equine's reaction to sound, movements, objects, persons, or animals.

I recognize the inherent risk and hazards of surface or subsurface conditions, whether known or unknown.

I recognize the inherent risk in the experience level of any participant.

I recognize the inherent risk of a known or unknown health condition of any participant; and/or the condition and age of equipment or tack.

I assume all of the foregoing risks and any other risks inherent in equine activities and accept complete responsibility for making any and all examinations or inspections relating to those risks and any other potential risks of recreational activities. I agree and understand that the Business shall have no responsibility whatsoever to make any such examination or inspection. I further assume all risk of, and agree to hold harmless the Business, it's employees, and agents from and against, any and all loss, damage, injury, or death to person or property by whatever cause including any act or omission negligent or otherwise, on the part of the Business, its employees, representatives or agents, or on the part of any other person.

I agree to follow the directions of the Business staff and will be asked to dismount or be dismissed if I fail to do so. I agree and understand that this Agreement shall apply to all equine activities in which (I am) (my child is) involved during the next twelve months from the date below.

I hereby certify that the foregoing statements and representations are made by me knowingly and voluntarily, and I understand that the Business is expressly relying upon the foregoing statements and representations in permitting my/my child's participation in any equine activities. I further agree to follow all Majewski, Inc. Rules and Regulations.

Photo Release: Furthermore, I hereby consent to and authorize the use and reproduction by the Business of any and all photographs and other audiovisual materials taken of me/my child for promotional printed material, educational activities, exhibitions or for any other use for the benefit of the Business' programs. I further waive any rights of compensation or ownership of such for perpetuity.

If Participant is a minor, then parent and/or legal guardian must sign:

X

Participant Signature Date Signed

X

Parent or Guardian Signature Date Signed

Street Address

City, State, Zip

X

PRINT Participant/Student Name (LAST, FIRST)

X

PRINT Parent/Guardian Name (LAST, FIRST)

PRINT Email Address

Phone Number

****STUDENTS and CAMPERS Only Continued on Back ->**

EMERGENCY MEDICAL AUTHORIZATION

In the event that i) my child is injured while participating in equine activities; or ii) I am rendered unable to communicate by an emergency or accident, while participating in equine activities at, I hereby give my permission to any physician and any health care facility to render any appropriate medical care to me or my child, including but not limited to hospitalization, tests, medication, anesthesia and surgery. A copy (including facsimile) of this Authorization shall have the same effect as the original.

If Participant is a minor, then parents and/or legal guardian must sign:

X
Participant Signature Date Signed

X
Parent or Guardian Signature Date Signed

Street Address

City, State, Zip

Relevant Allergies/Medical Issues:

X
PRINT Participant/Student Name (LAST, FIRST)

X
PRINT Parent/Guardian Name (LAST, FIRST)

PRINT Email Address

Phone Number