

**Maryland Steeplechase Association, Inc.**  
**Steeplechasing Clinics**  
**REPRESENTATION, ASSUMPTION OF RISK**  
**AND RELEASE AGREEMENT**  
**Adult and Minor (under 18)**

**(Parents/Legal Guardian of minor must sign for participants under 18)** I, the undersigned rider, hereby sign the following representation and release in consideration of being permitted in clinics, camps, events, or one or more horse races/chases, including jump races, conducted by the Maryland Steeplechase Assoc., Inc. (here in after called "MSA Clinic".)

I hereby certify that I fully understand that riding in races and riding or handling horses is inherently dangerous to the participants and that there is serious possibility that I will suffer injury or death as a result of participation. I hereby state that I have been given notice of the risks including, but not limited to, (i) the propensity of an equine to behave in dangerous ways which may result in injury to the participant; (ii) the inability to predict an equine's reaction to sound, movements, objects, persons, or animals; and (iii) hazards of surface conditions. I expressly agree to assume all the above-described risks and all other risks of riding in and otherwise participating in the races in the races. I certify that I am \_\_\_\_\_ years of age.

In order to induce that above described MSA Clinic to allow me to participate in such races and events, I represent to the MSA Clinic that I am properly trained and competent to ride/participate in the MSA Clinic without endangering other participants or myself. I further represent that I am responsible for my actions at any time and will provide a safe conveyance without unduly jeopardizing my safety or that of others. This agreement also represents that I will be properly equipped for the endeavor and am solely responsible for the following required equipment: **(i) use of currently approved ASTM/SEI helmet; and (ii) use of a body protector.**

As further inducement to the MSA Clinic to allow me to ride in and otherwise participate in such clinic, I agree to release, hold harmless and fully indemnify any landowners and instructors, the Maryland Steeplechase Association, Inc. and the National Steeplechase Foundation, Inc., their committees, committee members, officers, directors, owners, employees, agents, officials, volunteers and other persons acting on behalf of the MSA Clinic from any and all liability, claims, actions, causes of action or demands, including attorney's fees and costs, that I might otherwise have or assert for any injury or other claim or other matter arising out of or related to my riding in or otherwise participating in these races. I further agree to release, hold harmless and indemnify all demands, including attorney's fees and costs, that I might otherwise have or assert for any injury or other claim or other matter arising out of or related to my riding in or otherwise participating in this MSA Clinic.

And I further waive any and all claims, actions, causes of action or demands that I may now have or which may arise in the future, and further covenant not to sue the above named organizations or persons, including, but not limited to Crystal Kimball, Dodon Farm, Steuart and Erin Pittman, Eric Poretz, James Stierhoff, Casey Pinkard, Maryland Steeplechase Association, Bethany Baumgardner, US Pony Racing LLC, Regina Welsh, Michael Wharton, or any other participant, instructor, location, or trainer participating in the MSA Clinic for any injury or damages resulting from my participation in this MSA Clinic.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
WITNESS

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

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
RIDER Name Printed

\_\_\_\_\_  
Parent Name Printed

\_\_\_\_\_  
Address, City, State Zip

\_\_\_\_\_  
Emergency Phone Number