

**ELKRIDGE-HARFORD EQUESTRIAN/MARYLAND  
STEEPLECHASE ASSOCIATION REPRESENTATION,  
ASSUMPTION OR RISK, AND RELEASE AGREEMENT**

I, the undersigned rider, hereby sign the following Representation and Release in consideration of being permitted to ride in a foxhunt lesson, practice horse show, schooling exercise, cross country event, polo game or any other activity involving horses (the "Activities") at the Elkridge-Harford Hunt Club, Inc. on property owned by Elkridge-Harford Hunt Club, Inc., and organized by either the Maryland Steeplechase Association and/or the Elkridge-Harford Hunt Club, Inc., hereinafter referred to collectively as the "Organizers."

I hereby certify that I fully understand that riding 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 of riding in and otherwise participating in the Activities, 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 or subsurface conditions. I expressly agree to assume all of the above described risks and all other risks of riding in and otherwise participating in the Activities. I certify that I am over 18 years of age, or, if not, my parent has signed where indicated below.

In order to induce the above described Organizers to allow me to participate in such Activities, I represent that I am properly trained and competent to ride in such Activities without endangering myself or other participants. I further represent that the horses I will ride are properly trained for the endeavor and will provide a safe conveyance without unduly jeopardizing my safety or that of others. I further certify that I have examined and thoroughly inspected the course and its periphery and am familiar with any adverse ground conditions. I recognize that other unanticipated adverse conditions may arise during the course of the event.

I further certify that I am currently covered by a health insurance policy; OR I am currently covered by a Worker's Compensation insurance policy; and that such insurance shall remain in effect at all times that I am participating in the Activities.

As further inducement to the Organizers to allow me to ride in and otherwise participate in the Activities, I agree to release, hold harmless and fully indemnify the Organizers, their committees, committee members, officers, directors, employees, agents, volunteers, officials and other persons acting on behalf of the Organizers from any and all liability, claims, actions, causes of action or demands, including attorneys' 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 the Activities (including claims arising from any negligence of the Organizers), and I further agree to release, hold harmless and indemnify all landowners on whose land the above described Activities are conducted from any and all liability, claims, actions, causes of action or demands, including attorneys' 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 the Activities.

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 Organizers or persons, including landowners, for any injury or damages resulting from my participation in the Activities.

I AGREE THAT A FACSIMILE OR ELECTRONIC COPY OF THIS RELEASE IS AS VALID AS AN ORIGINAL.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 2019.

WITNESS (OR PARENT, IF MINOR)

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

\_\_\_\_\_  
PRINTED NAME OF RIDER

\_\_\_\_\_  
PRINTED NAME OF WITNESS OR PARENT