

2019 OD Clinic Liability Release

This release must be signed and returned with your clinic registration form. No cross-outs or additions are permitted.

As a participant in a clinic sponsored by the Old Dominion Equestrian Endurance Organization, Inc., I agree to abide by the rules of AERC and the Old Dominion Equestrian Endurance Organization, Inc.

In consideration of permission participate in the Old Dominion clinic, I do hereby for myself, my heirs and assigns, release and hold harmless ride management, ride personnel, all property owners over whose land the ride both encamps and crosses, Old Dominion Endurance Rides, Inc., AERC, their agents, officers, servants, employees and officials, from all claims, demands, actions and causes of action of any kind, for injury or death sustained by me or my horse, and damage to my property incurred during this ride, arising from negligence or any other fault. "Clinic" includes from the time I and my horse arrive at the clinic location until the time that we leave the premises, as well as the actual event. "Horse" means the animal(s) I am riding, driving, or have entered.

I understand that horseback riding is an inherently dangerous activity and am aware that 1) the clinic may involve being in areas far from communications, transportation, medical and veterinary assistance; 2) that these areas have many natural and man-made hazards, which clinic organizers cannot anticipate, modify, or eliminate; 3) that both my own horse and those of other participants can be excitable, difficult to control and unpredictable, and can panic, bite, rear, kick, strike, stumble or fall; 4) that as a result of participating in the clinic, I or my horse may be injured, die, or my property be damaged.

I agree to take full responsibility for myself and my horse and for any other party or animal that accompanies me; I recognize that the clinic may be a strenuous activity and I represent that I and my horse are in adequate physical and mental condition to participate. I recognize that my participation in the clinic is voluntary.

I HAVE READ AND UNDERSTAND THE ABOVE LIABILITY RELEASE, AND AGREE TO BE BOUND BY AND COMPLY WITH ALL THE ABOVE TERMS AND CONDITIONS.

Rider Name: (Print) _____

Rider Signature: _____ Date: _____

Horse Owner's Signature: _____ Date: _____
(if horse is not owned by rider)

(Information below for Junior riders under age 18 only)

Junior Rider Age _____ Birthdate _____
Parent/Guardian Signature _____