



Blue Ribbon Schooling Show

Hold Harmless Agreement

Read this waiver carefully before signing. This agreement affects your rights as an exhibitor at DevonWood Equestrian Centre during the Blue Ribbon Schooling Show (June 4-6, 2010).

DevonWood Release, Assumption of Risk, Waiver and Indemnification

I AGREE in consideration for my participation in this Competition [Blue Ribbon Schooling Show: June 4-6, 2010] to the following:

I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, longeur, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death ("Harm").

I AGREE to release DevonWood and the Competition from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of the staff, agents, and contractors of DevonWood.

I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the staff, agents, and contractors of DevonWood.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the staff, agents, and contractors of DevonWood Equestrian Centre, LLC and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse at the competition.

I AGREE that "DevonWood" and "Competition" as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations of DevonWood Equestrian Centre, LLC.

I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

I AGREE that if I am injured at this competition, the medical personnel treating my injuries may provide information on my injury and treatment to DevonWood on the accident/injury report form.

BY SIGNING BELOW, I AGREE to be bound by all applicable DevonWood Rules and all terms and provisions of this entry blank.

Name of Participant: _____

Home Address: _____

Signature of Participant: _____

City/State/Zip Code: _____

D.O.B. (if under 18): _____

Home Phone: _____

Parent/Guardian Signature (if under 18): _____

Emergency Contact Name / Phone: _____