

**MIDDLEBURY BRIDLE LAND ASSOCIATION FALL HUNTER PACE**

**Participant Agreement, Release and Acknowledgement of Risk**

In consideration of the services of my participation in the Middlebury Bridle Land Association's 2010 Fall Hunter Pace, their members, landowners, agents, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "MBLAFHP"), I hereby agree to release and discharge MBLAFHP on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that horseback hunter paces entail known and unknown, anticipated and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

**The risks include, among other things:** loss of control, collisions; horses, irrespective of their previous characteristics, may act or react unpredictably based upon instinct, fright, or lack of proper control by rider; latent or apparent defects or conditions in equipment, animals or property; acts of other participants in this activity, adverse weather conditions; contact with plants or animals; my own physical condition or my own acts or omissions; the condition of remote roads, trails, waterways, or terrain, and accidents connected with their use; first-aid, emergency treatment or other services rendered, consumption of food and drink; **negligent acts or omissions of MBLAFHP.**

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless MBLAFHP from and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of MBLAFHP's equipment or facilities, **including any such claims which allege negligent acts or omissions of MBLAFHP.**

4. Should MBLAFHP or anyone acting on their behalf, be required to incur attorney's fees, and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury, or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume - and bear the costs of - all risks that may be created, directly or indirectly, by any such condition.

6. In the event that I file a lawsuit against MBLAFHP, I agree to do so solely in the State of Connecticut and I further agree that the substantive law of that state shall apply in that actions without regard to the conflict of law rules in that state.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participating in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against MBLAFHP on the basis of any claim from which I have released them herein.**

**I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

Signature of Participant \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian's Additional Indemnification (Must be completed for participants under age 18)

In consideration of \_\_\_\_\_ (print minor's name) being permitted by MBLAFHP to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless MBLAFHP from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_