

Delmarva Reining and Ranch Versatility Club Membership Form

Name: _____ **\$5.00 per Rider/Member**
Address: _____ **Cash**
_____ **Check**
Phone: _____ **No Credit Cards Please**
Email: _____ **#of Memberships**

Delmarva Reining and Ranch Versatility Club and its host Hidden Meadow Farm its employees and agents will not be responsible for any damages to person, animal, or property at the Hidden Meadow Farm or its grounds. Nor will they be responsible for any property that is lost or destroyed. The undersigned/rider/volunteer/parent/guardian hereby releases Delmarva Reining and Ranch Versatility Club and Hidden Meadow Farm, its officers, employees from damages, injuries, claims, and damages whatsoever (including costs, expenses and attorney fees) that might result from damages, injuries or losses to person or property during, or in connection with, or arising out of any clinic, show, event or function whether or not such damages, injuries or losses result in direct or indirectly the negligent act or omission of such released parties.

WARNING: UNDER MARYLAND LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO OR DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM INHERENT RISKS OF EQUINE ACTIVITIES.

In exchange for the use of property leased by Delmarva Reining and Ranch Versatility Club and Hidden Meadow Farm and other valuable consideration, I agree that my use of the premises and any animals, facilities or equipment owned or leased by Delmarva Reining and Ranch Versatility Club and Hidden Meadow Farm is at my own risk. I further agree to indemnify and hold harmless Delmarva Reining and Ranch Versatility Club and Hidden Meadow Farm their respective officers, employees, and agents from any and all suits, actions or claims of any type arising from my use of premises or participation in the equine activity of such use by my guest, whether or not such claims result directly or indirectly from the negligent act or omissions of the indemnified parties or otherwise.

I acknowledge that riding and involvement with horses is a high risk activity. I have read this agreement and fully understand its consent.

Signature: _____ Date: _____

(Adult/ Volunteer/ Rider/ or Parent Guardian of Minor)