

# Traveller's Rest Farm

7450 Emory Place ~ Hughesville, MD 20637  
PH: 301.922.7029 | b\_kokoruda@yahoo.com | www.travellersrestfarm.com

## RIDER, WAIVER and INDEMNITY AGREEMENT

Name: _____		Age: _____
Mailing Address: _____		
Home Phone: _____	Work Phone: _____	
Email: _____	Emergency Contact: _____	

The undersigned attests that he/she is physically fit, adequately knowledgeable and sufficiently trained to participate in horseback riding and has read, understands and voluntarily signs this document and further agrees that no oral representations, statements or inducements apart from this written agreement have been made.

The undersigned hereby acknowledges that riding horses or any equine species [hereinafter "riding"], entering upon the premises and/or participating in any other activities on or around horses and/or any equine species involves inherent risks and hazards and elects voluntarily to enter upon the premises, knowing their present condition and knowing that their condition may become more hazardous and dangerous during the time that each of the undersigned is on the premises. The undersigned further acknowledges being warned to wear protective headgear at all times and understands that wearing a helmet may prevent serious injury or death. Notwithstanding, each of the undersigned assumes all risk of loss, damage or injury, including death, that may be sustained by any or each of the undersigned participating in any and all activities and/or while in or on the premises, or any premises leased to, owned by, sanctioned by or under the control or supervision of Traveller's Rest Farm, or enroute to or from any of the premises [hereinafter "premises"], regardless of date.

In consideration of receiving permission from Traveller's Rest Farm to enter on its premises, and, in further consideration of receiving permission to participate in any activities sponsored by, or on the premises of Traveller's Rest Farm, or to utilize or otherwise obtain any services or goods offered or sold by, or on the premises of Traveller's Rest Farm, the receipt of such permission being also acknowledged, each of the undersigned [hereinafter "Releasor(s)"] releases Traveller's Rest Farm, its agents, officers, servants and employees [hereinafter "Releasees"] of and from any and all liability, claims, demands, actions and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by any or each of the undersigned, or any property of any or each of the undersigned, while participating in any and all activities and/or otherwise in or on the premises.

The Releasor(s) also hereby agrees to indemnify and save and hold harmless the Releasees and each of them from any loss, liability, damage or cost they may incur due to riding, the presence of the undersigned in or on the premises and/or participating in any activities on or around horses and/or any equine species and whether caused by the negligence of the Releasees and/or any of them or otherwise.

The Releasor(s) expressly agrees that the foregoing release, waiver and indemnity agreement is to be governed by the laws of the State of Maryland and is intended to be as broad and inclusive as is permitted by law, and that if any portion of it is held invalid, it is agreed that the balance shall notwithstanding, continue in full force and effect. This agreement is binding on the distributees, heirs, next of kin, executors, administrators and personal representatives of each of the undersigned.

### Medical Consent to Treat / Medical Consent to NOT Treat

In the event that emergency medical aid/treatment is required by me for illness or injury while on any Traveller's Rest Farm property or participating in any Traveller's Rest Farm related activity \_\_\_\_ I DO | \_\_\_\_ I DO NOT authorize Traveller's Rest Farm to secure and obtain medical treatment and/or transportation if needed. (This authorization includes any treatment / procedure deemed "life saving" by a physician, hospital or other medical facility. This provision will only be invoked if the emergency contacts listed above cannot be reached and Traveller's Rest Farm must act on my behalf.)

Rider Signature: \_\_\_\_\_ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, as parent or guardian, of the above applicant represent to Traveller's Rest Farm that the facts herein concerning my child or ward are true. I hereby give my permission for my child or ward to participate in any equine related activity, and, further, in consideration of allowing my child or ward to participate in such activities, agree individually and on behalf of my child or ward, to the terms of the above foregoing release, waiver and indemnity agreement.