

# Ulster County Horse Council Sponsored Event

## D & H Canal Tow Path St Jude Trail Ride, September 12, 2009

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ASTM/SEI Horseback Riding Helmets Required

### **RELEASE FROM LIABILITY**

This **LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK** is made and entered into this day by and between Ulster County Horse Council, and their Board Members and Participant; and, if Participant is a minor, Participant's parent or guardian. In return for today's participation and use of facilities in the UCHC Sponsored Event and on all future days, with regards to the use of property, facilities, and services of the Ulster County Horse Council Inc and the participating landowners, the Participant, his heirs, assigns, and legal representatives, hereby expressly agree to the following (in first person):

I understand that the sport of horseback riding and driving is inherently dangerous and that serious injury and death can occur. I understand that participation in equine activities involves necessary risks. I agree that if any injury occurs to my horse or myself or to any equipment that I may use or send to use, I will make no claim against the Ulster County Horse Council, Inc. and or any of the Officers, Directors, Trustees, Employees, and Volunteers. I further agree to hold the Ulster County Horse Council, Inc., its Officers, Directors, Trustees, Employees, Volunteers and participating Landowners, free and harmless from any liability, claims, suits or damages of whatsoever kind or nature that may be occasioned by the horses used by me or the negligence of the persons in charge of such horses and I agree to indemnify and hold harmless this organization and individuals against all liability claims, suits and expenses, including attorney fees incurred arising out of any injury to any person or damage to any property caused by me, my horses or attendants.

I fully understand the above and agree to abide by all UCHC and NYSHC rules, policies & specifications for this type of event

This Contract is non-assignable and non-transferable and is made and entered into the State of New York, and shall be enforced and interpreted under the laws of this state.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Participant (Please Print)

Signature of Participant or Parent/Guardian

Date

Address \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone Number \_\_\_\_\_

Proof of Coggins Test provided (within 12 months) \_\_\_\_\_ Proof of Rabies Vaccine (within 12 months) \_\_\_\_\_