

General Release and Liability Waiver



7451 Dick Woods Road
Afton VA 22920

www.aftonstables.com

<https://bit.ly/AftonStable>

202-770-5697

PRINT NAME: _____

I acknowledge that due to the unique combination of dangerous factors associated with viewing/participating in the Clinic; the stabling, exercising, and training of a number of horses; and the presence of other participants, trainers, owners, tradespeople, and other personnel in the area, there are inherent dangers which Afton Stables LLC, the clinician, and the host facility cannot eliminate after exercising reasonable care.

In acknowledgement of the inherent risks associated with equestrian activities and with my voluntary participation associated with or in this clinic, I hereby agree to release, indemnify and hold harmless Afton Stables LLC., the Clinician and the host facility, their owners, directors, officers, members, employees, agents, and volunteers from and against any and all loss, liability or damage arising from or because of, or in connection with, participation in this competition or related activities.

I understand that viewing/auditing the Clinic, coming on to the facility, and participating in the Clinic constitute equine activities under the *The Equine Activity Liability laws of the State of Virginia, VA Code Ann. Sec 3.2-6200-6203.*

Furthermore, with this waiver, I expressly assume the risk of injury or death due to negligence ASLLC, managers, employees or agents for my own safety or for the safety of my minor child. With the knowledge of the foregoing, and as an inducement for ASLLC to allow me to ride, participate in competitions or clinics, or audit events on their property, I hereby agree to waive or release any and all rights that I or my heirs may have to make a claim against ASLLC their employees and participants, arising from any damages, injury, or death which I might sustain or which might occur to any horses. I further agree to indemnify and hold harmless all of the foregoing from any claims which I might make or which might be made on my behalf by others or which might be made against me by others, arising from riding on ASLLC property. Furthermore, I agree to indemnify ASLLC its employees, or participants, for any injury, death, loss, or damage to any personal property which might occur during an equine activity as defined by *3.1-796.130 of the Code of Virginia, 1950, as amended.*

BY SIGNING THIS WAIVER AND RELEASE, I UNDERSTAND THAT I AM GIVING UP, (WAIVING AND RELEASING) ANY RIGHT I MIGHT HAVE TO SUE OR MAKE A CLAIM WHICH I MIGHT HAVE OR WHICH MIGHT SUBSEQUENTLY ARISE OR OCCUR AGAINST ASLLC, AND PARTICIPANTS, OR EMPLOYEES, FOR ANY INJURIES I MIGHT SUSTAIN WHILE HORSEBACK RIDING OR PARTICIPATING IN AN EQUINE ACTIVITY, AND THAT I AM INDEMNIFYING AND HOLDING HARMLESS ASLLC EMPLOYEES, FOR INJURING ANYONE ELSE OR ANY HORSE RIDDEN BY ANOTHER WHILE SO ENGAGED, IT IS MY INTENT TO GIVE UP THOSE RIGHTS AND PROVIDE THE HOLD HARMLESS AGREEMENT, AND I DO SO KNOWINGLY AND VOLUNTARILY.

Signature: _____ Date: _____

Email: _____