

Cornerstone Horsemanship, Inc.

5229 Homestead Trail, Reva, Virginia 22735

540-292-5213

Waiver of Rights to Sue and Assumption of Risks

I have read this Waiver of Rights to Sue and Assumption of Risks and have seen the posted copy of the Virginia Equine Activity Statute which is incorporated into this waiver by reference (VA Code Ann. § 3.2-6200 – 3.2-6203). My signature on this Agreement indicates that I understand horses are sometimes dangerous; and that activities related to horse riding and care pose particular risks, including but not limited to (i) the propensity of an equine to behave in dangerous ways which may result in injury to persons around them, to themselves, other equines, other animals, or property; (ii) the inability to predict an equine's reaction to sound, movements, objects, persons or animals; (iii) and hazards of surface and subsurface conditions.

I understand and agree that Cornerstone Horsemanship, Inc. has made no representation to me of any kind or character concerning the suitability of my horse, or any other horse that I may ride, in regards to any of their activities where I am a participant. I hereby further certify that I knowingly and voluntarily assume the risk of any accident or injury that might occur to me, to any minor under my care, or to a horse owned or used by me in the course of participating in one of their activities, regardless of location. In the event that there is an accident or other emergency, I hereby authorize the administration of any emergency medical treatment to myself, or any minors I am responsible for, that appears to be necessary.

I do hereby remise, release and forever discharge, and release for myself, my heirs, executors, and administrators Cornerstone Horsemanship, Inc. its employees, stockholders, agents, servants, volunteers, and partners of and from any and all manner and cause of actions, suits, recognizance, controversies, damages, claims, and demands whatsoever in law or in equity which I now have or hereafter in the future can or may have or which any minors or children under my care hereafter can, shall or may have by reason of any manner, cause or thing whatsoever rising out of any manner or thing contained in this agreement, or arising out of or in connection with riding or handling horses, or using any equipment or participating in any Cornerstone Horsemanship, Inc. activity. A Cornerstone Horsemanship, Inc. activity includes but is not limited to any functions, training, rides, demonstrations, farm visits, or other activities as determined solely by Cornerstone Horsemanship, Inc.

IN CONSIDERATION, therefore, for the privilege of participating in a Cornerstone Horsemanship, Inc. activity with Charles and/or Michele Pellham, the Undersigned does hereby agree to hold harmless and indemnify Cornerstone Horsemanship, Inc., Charles and/or Michele Pellham, their agents, associates, interns, partners, and volunteers and further release them from any liability or responsibility for accident, damage, injury, or illness to the undersigned or any horse owned by the Undersigned or to any family member or spectator accompanying the Undersigned while participating in a Cornerstone Horsemanship, Inc. activity.

I agree that in the event any portion of this waiver is held to be unenforceable in a court of law, that portion shall be struck from the waiver with all remaining provisions and statements remaining fully in force.

I agree that the foregoing obligations shall be binding on me personally and for all members of my family including any minors accompanying me or sponsored by me. **I have carefully read this entire agreement and fully understand its contents. I AM AWARE THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN CORNERSTONE HORSEMANSHIP, INC. AND ME AND I HAVE SIGNED IT OF MY OWN FREE WILL.** This Agreement shall be construed under the Laws of the Commonwealth of Virginia and shall continue in effect until canceled in writing by both signatures.

NAME (print) _____

Signature of Participant

Date

IF PARTICIPANT IS A MINOR: Age (if minor): _____

I have the legal authority to sign this waiver on behalf of the minor identified above and by signing so state that I am the adult responsible for this minor:

Signature of Parent or Guardian