

*If you are applying for a family membership, all family members must sign below. (One or both parents must sign on behalf of their minor children.)

THIS LIABILITY RELEASE MUST BE SIGNED BY NEW MEMBERS AND ANNUALLY BY ALL RENEWAL MEMBERS

Each member listed below will receive a separate membership card.

RELEASE OF LIABILITY

I, the undersigned, on my own behalf and on behalf of my minor child/children, acknowledge that:

I am aware that horseback riding or driving a horse drawn vehicle is a dangerous activity. I acknowledge that horses are animals, and as such are unpredictable and easily startled. I acknowledge that I am aware that serious injury and/or death may occur in an accident sustained in riding or driving horses. I am aware that the TUCKAHOE EQUESTRIAN CENTER FOUNDATION, INC., (hereinafter sponsor), the organization sponsoring and holding **2023** horseback riding or driving activities, has the right to turn down my request to participate in all or any one or more of the **2023** scheduled activities.

In consideration of being allowed to participate in the **2023** activities conducted by or under the sponsorship of the TUCKAHOE EQUESTRIAN CENTER FOUNDATION, INC., I, the undersigned, on my own behalf and on behalf of my minor child/children participating in the sponsor's activities, agree to defend and hold harmless the TUCKAHOE EQUESTRIAN CENTER FOUNDATION, INC., and the STATE OF MARYLAND, owner of the grounds, from any claim, loss or injury which may be alleged to have been caused to any person or thing by the act or acts of my horse or my child's horse while engaged in the sponsored activities, or while on the grounds upon which the activities are conducted. I further agree that in consideration of being allowed to participate in the **2023** activities, I shall hold harmless the aforementioned parties from the loss of or injury to my horse, my child's horse, or other personal property, whether the loss, damage or injury is caused or alleged to be caused by the negligence of the sponsor, sponsor's agent, or owner of the grounds.

I hereby assume sole responsibility for and agree to defend and hold harmless the aforementioned parties from any and all loss and expense, including legal fees, for injury, including death, sustained by any person or persons, including myself and my child/children arising out of and as a consequence of participation in the sponsor's activities.

I hereby certify, under penalty of perjury, that: I am covered by medical/hospitalization insurance OR I am self insured, and/or understand that I am solely responsible for my own medical bills due to injury received while participating in a Tuckahoe Equestrian Center Foundation, Inc.-sponsored activity. _____ ◀ **(INITIAL)**

COVID-19 AND INFECTIOUS DISEASE DISCLOSURE AND RELEASE:

Please note due to Covid-19 Pandemic my participation in any of our events is voluntary on my part. Tuckahoe Equestrian Center and the State of Maryland will not be held responsible for any illness, hospital visit/stay or injury from this infectious disease. _____ ◀ **(INITIAL)**

As witness my hand and seal this _____ day of _____, _____.
(date) (month) (year)

PRINT NAME THIS SIDE

SIGNATURE HERE (Indicate if parent or child)

