



# Hideaway Horse Center

12301 Cross Road Trail

Brandywine, MD 20613

Phone: 301-782-3200

E-Mail: [hideawayhorsecenter@yahoo.com](mailto:hideawayhorsecenter@yahoo.com)

Web: [www.hideawayhorsecenter.com](http://www.hideawayhorsecenter.com)

## Rules & Release Agreement

By this agreement made and entered this \_\_\_\_\_, we \_\_\_\_\_ & \_\_\_\_\_,  
DATE STUDENT NAME (print) PARENT/ GUARDIAN (print)

acknowledge and accept that horseback riding and activities related thereto, involve the risk of personal injury. By my signature, (and, in case of a minor, the parent's or guardian's signature), they and I, hereby waive all rights, if any, claims, causes of action and lawsuits against Hideaway Horse Center LLC, Bridget and Michael Rice, their family, heirs, executors, legal representatives, administrators, successors, assigns, guests, employees, or agents affiliated with any of them in any manner (collectively, herein "Hideaway Horse Center"), for any injury, liability or damages which may occur while riding any horse, whether leased or owned by me or by any other person, or for any injury or damages which may occur while participating in any activity related to horseback riding. I agree to indemnify, defend and hold harmless Hideaway Horse Center or any person or entity whose land a horseback ride crosses, for any accident, injury, or loss that might occur, and free such persons from all liability for such injury or loss. I understand that horseback riding always involves danger and I ride at my own risk.

**I understand** that horseback riding may involve being in remote areas for extended periods of time, far from communications, transportation, and medical facilities; that these areas have many natural and man-made hazards which horseback riders cannot anticipate, identify, modify, or eliminate; that horses can be excitable, difficult to control, and unpredictable; and that accidents can happen to anyone at any time. I further understand that horseback riding involves such things as crossing creeks, galloping over uneven terrain, and being in strange places under adverse weather conditions which could result in injury to myself and the horse I am riding.

**I agree** to take full responsibility for myself and the animal I am riding. I am aware that wearing a certified safety helmet is a good preventive measure against head injury, and further understand that helmets are required for all riders. My signature below constitutes acceptance of the above terms and conditions. I have read and fully understand this liability release.

### Medical Release Horse/ Rider

**I further agree** to allow and be financially responsible for any necessary emergency medical treatment by any available physician at any available medical institution in the event of my injury or illness. I have read and understand this liability release.

\_\_\_\_\_  
SIGNATURE of STUDENT or PARENT/ GUARDIAN

\_\_\_\_\_  
(if minor, give BIRTH DATE)