

BALTIMORE COUNTY HORSE SHOW ASSOCIATION ("BCHSA")

BCHSA Release, Indemnification, Waiver and Assumption of Risk ("Release")

2017 Show Year

In consideration for the participation of the undersigned ("Participant") in any or all of the BCHSA sponsored equestrian events and/or shows ("Events") during the 2017 Show Year, I hereby agree to the following:

- 1) I (Participant, Parent or Guardian's Name on behalf of Participant) choose to voluntarily participate in any Events of BCHSA with my horse/pony. My participation will be as a rider, trainer, driver, owner, lessee, owner, coach, driver, handler, agent, helper and/or the parent or legal guardian of minor Participant.
2) I understand that equestrian sports and Events are dangerous and involve inherent risks the Participant and or their horse/pony including, but not limited to, injury, accident, loss, bodily injury, trauma, pain, suffering and/or death ("Risks"). I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF DAMAGES, INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: (Participant, Parent or Guardian's initials)
3) I expressly assume all Risks to me and/or my horse/pony resulting from the negligence of BCHSA and the venue for any particular Event including, but not limited to, McDonogh School, Garrison Forest School, St. Timothy's School, St. James' School, Flanders LLC, Caves Farm, Claddagh Manor Farm, St. John's Church, Country Hill Farm and Vignon Manor ("Venue" or "Venues").
4) I hereby release and hold harmless BCHSA and the Venue including, but not limited to, their respective offices, officials, directors, employees, agents, volunteers, affiliated organizations, successors and assigns from any and all claims, actions, law suits, damages and causes of action arising from or associated with BCHSA and any Events.
5) I agree to indemnify BCHSA and the Venue and to hold them harmless with respect to any claims, injury or loss to me or my horse/pony and from any claims or causes of action made by others for any Risks caused by me or my horse/pony.
6) I have read the BCHSA Rules and will abide by such.
7) I acknowledge that I am required to wear approved protective equipment during an Event and that BCHSA strongly urges me do so while warning that such equipment cannot guard against all injuries.
8) If I am a parent or guardian of a minor participant, I consent to the minor's participation and agree to all of the obligations of this Release and to assume all of the obligations of a participant on the minor's behalf.
9) This Release shall be construed under and interpreted in accordance with the laws of the State of Maryland.

Signature of Participant (Parent or Guardian if for minor under 18)

Date

Printed Name

Phone Number

Street Address

City, State

Zip Code

Baltimore County Horse Show Association

Membership Form 2017

Annual Membership runs from December 1, 2016 to November 30, 2017. No points will be credited to riders or horses for Year End Awards until registered as a member of this Association. Membership begins on the date of receipt of paid application and signed Waiver Release. The responsibility of such recording shall rest entirely with the exhibitor.

Member Name: _____ **Member #:** _____

Junior Age as of 12/01/16: _____ Date of Birth: _____

Primary Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

If Member is a Junior, Email of Parent or Guardian Email: _____

Other Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

If Member is a Junior, Email of Parent or Guardian: _____

Trainer: _____ Trainer Email: _____

Horse/Pony: _____ **Horse #:** _____

Color: _____ Age: _____ Gender: Mare Gelding

Owner: _____ Owner's BCHSA #: _____

Height _____ Measurement Card #: _____ Issuer: _____

Trainer: _____ TB TIP #: _____

Will you allow your riding pictures to be used on our website and Facebook page?

YES NO

Membership Fees: Junior \$40.00 _____

Senior \$40.00 _____

Horse Recording: \$25.00 _____

Total \$ _____

BCHSA USE ONLY Date Received: _____ Total Payment: _____ Check # or Cash: _____

Please Return Application, Membership Fees, and a Signed Waiver Release to:

Jessica Schindler | BCHSA Point Keeper | PO Box 127 | Hampstead, MD 21074