



SOUTHERN HERITAGE FARM

Entry #:

Rider Name: _____ Horse Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ Cell: _____ Email: _____

Junior Rider Adult Rider
Age: _____

Pony size: (circle) S M L VHSA # _____ BHSA # _____

Copy of Current Coggins Required:

Coggins Accession #: _____ Date: _____ On File? Yes / No

Owner Name: _____

Address: _____ City, State, Zip _____

Classes Entered:

Release and Waiver of Liability:

I hereby recognize that horses and/or any and all activities pertaining thereto are inherently dangerous and constitute a significant risk to myself and members of my party. Such danger and significant risk also includes, but is not limited to, movement around and close proximity to said animals whether participating in equine activities or merely acting as a spectator or guest.

I am fully aware and understand that equine activities are dangerous and pose potentially serious risks of injury and/or death to their participants. I wish to participate in these activities knowing that they are dangerous. I also understand and acknowledge that horses, by nature, are unpredictable and difficult to control. I hereby accept and assume any and all risks of injury (including death) to myself and my property.

With the above mentioned knowledge, I hereby agree to waive or release any and all rights and claims of any kind that I, my heir, guardians, legal representatives or assigns may have or may in the future have against Southern Heritage Farm or its owners, managers, employees or any other persons associated with said organization, for any damages or injury (including death) to myself and/or damage to my property whether or not from my own negligence and/or any cause arising out of participation in and/or observation of equine or other activities on or associated with Southern Heritage Farm.

By signing this waiver and release, I accept notice of the provisions of Sections 3.1-796.130 through 3.1-796.133 of the Code of Virginia (as amended) which state the inherent risks in equine activities.

I have carefully read and understand the contents of this document. I agree that I give up any right I have or might have in the future to sue or make claim against Southern Heritage Farm and/or the aforementioned parties in this waiver.

If the participant is under the age of eighteen years of age, this waiver must be signed by a parent, guardian or responsible adult who accepts full responsibility for the minor under the provisions of this agreement.

Signature

Date

Print Name

Parent (Guardian) Signature

Entry #:

OFFICE USE ONLY:
Number of Classes _____ x \$13 = _____
Check # _____ Cash _____ TOTAL = _____