

**Vermont Hunter Jumper Association
RISK RELEASE FORM**

WHEREAS, the UNDERSIGNED acknowledges the inherent risks involved in riding and working around horses, which risks include bodily injury from using, riding, or being in close proximity to horses, among other risks, and further, that both horse and rider can be injured in normal use or in competition and schooling.

IN CONSIDERATION, therefore, for the privilege of riding and / or working around horses at VERMONT HUNTER JUMPER ASSOCIATION / LAENA ROMOND CLINIC / MIDDLEBROOK FARM, the undersigned does hereby agree to hold harmless and indemnify VERMONT HUNTER JUMPER ASSOCIATION / LAENA ROMOND CLINIC / MIDDLEBROOK FARM, and further release them from any liability or responsibility for accident, damage, injury or illness to Undersigned or any horse owned by the Undersigned or to any family member or spectator accompanying the Undersigned while on the premises of VERMONT HUNTER JUMPER ASSOCIATION / LAENA ROMOND CLINIC / MIDDLEBROOK FARM; and that except in the event of this stable's gross and willful negligence, I shall bring no claims, demands, actions and causes of action, and/or litigation, against this stable or organization for any economic and non-economic losses due to bodily injury, death, and/or property damage sustained by me and/or my minor child or legal ward in relation to the premises and operations of this stable, including while riding, handling, or otherwise being near horses owned by or in the care, custody and control of this stable / clinic.

This Agreement shall be governed by the **laws of the State of Vermont**. Any legal action commenced to enforce or interpret this Agreement shall be brought in Addison County, Vermont. The parties hereto consent to both **venue and jurisdiction** in Addison County, Vermont, and any attempt to pursue legal action in any other state shall be void for lack of jurisdiction in that foreign court.

Warning

Under Vermont Law, an equine activity sponsor is not liable for any injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities that are obvious and necessary, pursuant to 12 V.S.A. 1039.

Date: _____

Signature of Rider: _____

Print Name of Rider: _____

Address of Rider: _____

Telephone Number(s): _____

Name of Parent or Guardian (if rider is under 18): _____

Signature of Parent or Guardian: _____