

**Elysian Hills Training Center**  
**5571 John Barton Payne Road**  
**Marshall, VA 20115**  
**540.364.1502**  
www.elysianhills.com

I, the undersigned, do hereby sign as parent or guardian of minor participant the following representation, assumption of risk and release agreement in consideration of participant being permitted to horseback ride on and to use for other permitted purposes the property, facilities and horses of Cynthia M. Brickley, Mike Martinez, Elysian Hills Training Center, Thelma J. Brickley and/or Robert L. Brickley, located at 5571 John Barton Payne Road, Marshall, Fauquier County, Virginia.

**I hereby certify that I and participant fully understand that horseback riding and the handling of horses is inherently dangerous to the participants and that there is serious possibility that participant will suffer injury or death as a result of participation. I hereby state that I have been given notice of the risks of equine activities pursuant to section 3.1-796.132 of the Code of Virginia, 1950 amended, including but not limited to:**

- **The propensity of an equine to behave in dangerous ways which may result in injury to the participant;**
- **The inability to predict an equine's reaction to sound, movements, objects, persons or animals; and**
- **Hazards of surface or subsurface conditions.**

**I expressly agree to assume all of the above described risks and all other risks of equine activities in behalf of minor participant and that I have the legal right to sign as parent or guardian of participant.**

I certify that I am \_\_\_\_\_ years of age. I certify the participant is \_\_\_\_\_ years of age. In order to induce the parties named above to allow participant to horseback ride on and to use for other permitted purposes that above described property, facilities and horses, I represent that participant is properly trained and competent to horseback ride without endangering themselves or other people. I further certify that participant is currently covered by health insurance written by the following insurance company \_\_\_\_\_ . I will provide proof of such insurance if requested by the management or staff of Elysian Hills Training Center.

As a further inducement to the above named parties to allow participant to horseback ride on or to use for other permitted purposes the above described property, facilities and horses, I agree to release, hold harmless and fully indemnify in behalf of participant Cynthia M. Brickley, Mike Martinez, Elysian Hills Training Center, any member of their family including, but not limited to Robert L. Brickley and Thelma J. Brickley from all liability, claims, actions, causes of action or demands, including attorneys fees and costs, that I or any other person (including participant heirs) might otherwise have or assert for any personal injury, property damage or other claim or other matter arising out of or related to any horse back riding on or otherwise using the property, facilities and horses of Cynthia M. Brickley, Mike Martinez, Elysian Hills Training Center, Thelma J. Brickley and Robert L. Brickley.

**I also waive in behalf of participant any and all claims, actions, causes of action or demands that participant or their heirs may now have or which may arise in the future, and further covenant that neither I or my heirs will sue Elysian Hills Training Center, Cynthia M. Brickley, any member of her family, Thelma J. Brickley and Robert L. Brickley for any personal injury, property damage or other claim resulting from my horseback riding on or other wise using the above described property, facilities and horses.**

**I acknowledge and accept that all terms of this agreement extend to participants heirs and family.**

I agree at all times that participant will comply with the Elysian hills Training Center rules posted in the Elysian Hills Training Center office. Participant agrees to use an ASTM/SEI certified riding helmet at all times while riding on Elysian Hills Training Center premises and a body protector as required by the USEA and AHSA when schooling cross country.

In Witness Whereof I have hereunto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_.

Participant Name \_\_\_\_\_

Guardian Name Printed \_\_\_\_\_

Guardian Signature \_\_\_\_\_

Telephone \_\_\_\_\_

Emergency Contact \_\_\_\_\_