



Registration Form

Little Fork Volunteer Fire & Rescue Company Trail Ride & Obstacle Course Run-Thru

Pre-Registration Deadline: June 9, 2020

PLEASE PRINT CLEARLY!!!!

Name: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Emergency Contact Name: _____

Emergency Phone Number: _____

**** REQUIRED: Copy of Negative Coggins must be mailed with registration or presented at check-in. ****

Registration Fee:..... \$40.00

Optional: Registration for Run-Thru \$10.00

Horse's name: _____

Rider's name: _____

Optional: Raffle Ticket purchase

6 tickets: \$ 5.00

12 tickets: \$10.00

TOTAL PAYMENT:..... \$ _____

Make checks payable to:
and mail to:

Little Fork VFRC
Susan Smith
7073 Cedar Crossing Way,
Rixeyville, VA 22737

All payments are nonrefundable.

HORSEBACK RIDING RELEASE AND WAIVER OF LIABILITY

I am aware that horseback riding, trail rides and any equine activity are athletic events which pose potentially serious risks of injuries or death to their participants. I understand that my horse, other persons or I may be injured or die as a result of my negligence, the negligence of others, or through no fault of myself or anyone else, because of the nature of the activity in which I am going to be engaged. I also understand that horses, even the most well trained horses, are often unpredictable and often difficult to control.

With this waiver, I accept notice of the provisions of Section 3.2-6200 through 3.2-6302 of the Code of Virginia, which state in part: That there are intrinsic dangers involved in equine (horse) activities, including (i) the propensity of equines to behave in ways that may result in injury, harm, or death to persons on or around them; (ii) the unpredictability of an equine's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; (iii) certain hazards such as surface and subsurface conditions; (iv) collisions with other animals or objects; and (v) the potential of a participant acting in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or not acting within the participant's ability. This Waiver and Release shall remain valid unless expressly revoked by the participant or parent or guardian of a minor, in writing, with receipt acknowledged by Mr. or Mrs. Patrick Smith ("Mr. Smith").

Furthermore, I expressly assume the risk of injury or death due to negligence by Mr. Smith or anyone under Mr. Smith's control or supervision (including without limitation his family, employees or tenants), and I acknowledge and agree that the foregoing persons are not responsible for my safety or for the safety of any minor child for whom I am responsible.

With the knowledge of the foregoing, and as an inducement for Mr. Smith to allow me (and any minor children for whom I am parent, legal guardian, or otherwise responsible) to ride at his farm, known as Three Oaks Farm, which is located in Rixeyville, Virginia (the "Farm"), I hereby agree to waive or release (give up) any and all rights that I or my heirs, personal representative(s) or assigns, may have to make a claim against Mr. Smith arising from any damages, injury, or death which I or any other person might sustain or which might occur to any horse I am riding as a result of my horseback riding or from engaging in any activity whatsoever related in any way to horseback riding.

I further agree to indemnify (hold harmless) all of the foregoing from any claims which I might make or which might be made on my behalf by others or which might be made against me by others, arising from riding at the Farm, or from engaging in any activity whatsoever related in any way to horseback riding at the Farm. Furthermore, I agree to indemnify Mr. Smith for any injury, death, loss of or damage to any personal property which might occur during horseback riding or while engaging in any activity whatsoever related in any way to horseback riding.

BY SIGNING THIS RELEASE AND WAIVER, I UNDERSTAND THAT I AM GIVING UP (WAIVING OR RELEASING) ANY RIGHT I HAVE TO SUE OR MAKE A CLAIM WHICH I MIGHT HAVE OR WHICH MIGHT SUBSEQUENTLY ARISE OR OCCUR AGAINST MR. SMITH FOR ANY INJURIES I MIGHT SUSTAIN WHILE HORSEBACK RIDING, AND THAT I AM INDEMNIFYING (HOLDING HARMLESS) MR. SMITH FOR INJURING ANYONE ELSE OR ANY HORSE RIDDEN BY ANOTHER WHILE SO ENGAGED. IT IS MY INTENT TO GIVE UP THOSE RIGHTS AND PROVIDE THE HOLD HARMLESS AGREEMENT, AND I DO SO KNOWINGLY AND VOLUNTARILY.

Signed: _____ Date: _____, 20 ____
(You must be 18 years of age or older to sign this form)
You MUST - Print Your Name: _____

CHECK IF APPLICABLE : I am signing this Release and Waiver not only for myself, but also on behalf of the following minor children for whom I am parent, legal guardian, or otherwise responsible

Print Name of Minor

Signature of Minor

Print Name of Minor

Signature of Minor

This release is for the Commonwealth of Virginia



WAIVER

2020 Trail Ride and Obstacle Course Run-Thru June 13, 2020

I hereby enter the Little Fork Volunteer Fire & Rescue Company Trail Ride and Obstacle Course Run-Thru at my own risk. I understand 1) that trail riding can involve being in remote areas for extended periods of time, far from communications, transportation and medical care, 2) that these areas may have many natural hazards which ride management cannot anticipate, eliminate or control, 3) that horses can be excitable, unpredictable and difficult to control, and 4) that accidents can happen to anyone at any time and can result in injury or death.

By affixing my signature below, I do hereby release today and forever Little Fork Volunteer Fire & Rescue Company, ride personnel and private land owners over whose property this trail ride will be conducted from any possible accident, injury or loss, either caused by me or my horse, or to me or my horse and/or equipment. Also, it is understood that by affixing my signature below that I HAVE READ AND UNDERSTAND THE TERMS OF THIS LIABILITY RELEASE.

Signature: _____ Date: _____

Printed Name: _____