

# ***The Maryland Horse Trials, LLC At Loch Moy Farm***

## **PARTICIPANT AGREEMENT:**

### **Assumption of Risk, Waiver of Liability, and Indemnification Agreement**

**Assumption of Inherent Risks:** I understand and assume the inherent risks involved in equine activities, which risks include, but are not limited to, bodily injury, physical harm and even death to horses, riders, and spectators from using, riding or being in close proximity to horses may occur in normal use. I acknowledge that the behavior of any animal is contingent to some extent upon the ability of the handler or rider. Further, I understand that "inherent risks of equine activities" shall mean those dangers or conditions which are an integral part of equine activities, including, but not limited to:

- the propensity of any equine to behave in ways that may result in injury, harm, or death to persons on or around them and/or damage to property in their vicinity;
- the unpredictability of an equine's reaction to such things as sounds, sudden movements and unfamiliar objects, persons or other animals;
- certain hazards such as surface and subsurface objects;
- collisions with other equines, animals, people and objects (fixed or otherwise);
- limited availability of emergency medical care; and
- the potential of a participant or spectator to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or to act within his/her ability.

**Waiver of Liability:** For the privilege of riding, handling, auditing, observing, and/or working around equines at the Maryland Horse Trials, LLC at Loch Moy Farm (hereinafter "MDHT") on the property of Carolyn Mackintosh and Loch Moy Farm, LLC (hereinafter "Loch Moy") today and on all future dates, I, on behalf of myself, my family members, my heirs, personal representatives, or assigns, do hereby agree to release, waive, and discharge MDHT and Loch Moy, and its directors, managers, employees, volunteers, and agents from any liability or responsibility for accident, damage, injury, or illness to myself or any horse owned or leased by me or any horse not owned by Graham but used by me, or to any family member or spectator accompanying me while on the premises of Loch Moy resulting from the inherent risks of equine activities or from the ordinary negligence (active or passive) of MDHT or Loch Moy.

AND that except in the event of MDHT, Carolyn Mackintosh or Loch Moy's gross and willful negligence, I agree not to bring any claims, demands, actions and causes of action, and/or litigation, against MDHT or Loch Moy for any economic and non-economic losses due to bodily injury, death, and/or property damage sustained by me in relation to the premises and operations of Loch Moy, including while riding, handling, or otherwise being near horses owned by or in the care, custody and control of MDHT, Carolyn Mackintosh, or Loch Moy.

**Indemnification:** I also agree to hold harmless, defend, and indemnify Carolyn Mackintosh, MDHT and Loch Moy (including, but not limited to, costs associated with defending a suit, judgment, courts costs, investigation costs, and reasonable attorney fees) from any and all claims of mine, my family members, or others arising from my injury or loss due to my participation as a rider, handler, or spectator.

I further agree to hold harmless, defend, and indemnify Carolyn Mackintosh, MDHT and Loch Moy against any and all claims of co-participants, rescuers, and others arising from my conduct in the course of my participation as a rider, handler, or spectator.

**Acknowledgements, Assertions, and Agreements:** I warrant that a full and fair disclosure of my equestrian handling and riding abilities have been made to MDHT, Loch Moy, and their agents. Further:

**Health Status** – I assert that I:

- Have fully disclosed any chronic conditions that could impair my ability to participate in equine activities and have provided a doctor's release permitting my participation (if applicable).
- Do not have any undisclosed chronic physical or mental conditions that would contra-indicate participation in equine activities.
- Possess sufficient physical fitness and skill to enable safe participation with, on, and around equines.

**Emergency Care** – I authorize or agree that MDHT or Loch Moy:

- May administer emergency first aid, CPR, and use an AED when deemed necessary.
- May secure emergency medical care or transportation (i.e., EMS) when deemed necessary.
- May share my medical history (if known) with emergency medical personnel when deemed necessary.
- And I shall assume all costs of emergency medical care and transportation provided on my behalf.

**Rules & Safety Equipment** – I agree:

- To abide by the rules and regulations established by MDHT and Loch Moy.
- To wear an SEI/ASTM approved riding helmet at all times while mounted on the horse, or warrant I understand the risk and danger of riding without a riding helmet and so choose not to wear a riding helmet. (NOTE: Riders under 18 yrs of age may not waive the use of a riding helmet.)
- To wear appropriate footwear at all times while on the premises of Loch Moy.
- To inform MDHT or Loch Moy immediately if I become aware of rider conduct or equipment condition that presents a danger to myself or others.

## SCHOOLING REGISTRATION

Schooling at the Maryland Horse Trials, LLC at Loch Moy Farm, LLC is only open to riders who are competent in their riding skills and are experienced in jumping cross-country obstacles. All riders must complete a Participant Agreement prior to using the property.

By signing this registration form, you agree to comply with all rules and regulations of the Maryland Horse Trials, LLC at Loch Moy Farm, LLC and to be legally bound and responsible for your actions and your horse's actions.

### Rider's Acknowledgments

- I attest to my competency and riding ability as an experienced equestrian.
- I have read and signed the "Participant Agreement."
- I agree to accept all financial responsibility for damage or injury that my horse or I may cause or contribute to.
- I agree to exercise care, caution, and control while schooling on the premises of Loch Moy Farm, LLC.
- I agree to abide by the regulations as set forth in this document.

### Regulations

- Schooling is available by appointment only
- Use of the facility is limited to a maximum of a ½ day (three-hour) session paid horse/rider combination.
- A negative Coggins test is required and must be submitted prior to horse brought onto the property.
- Each rider must wear an ASTM/SEI certified helmet, a body protector, and a medical armband as specified in the United States Equestrian Association (USEA) rules.
- Each rider must have a designated person on the grounds with him/her that is at least 18 yrs. of age. The ground person must sign a "Participant Agreement." The ground person must have an operable cell phone and he/she is responsible for monitoring the rider while schooling. The ground person may not be responsible for more than five (5) riders at any one time.
- Each rider is responsible to be aware of the presence of other riders and to coordinate the use of the jumps to prevent collisions and other unsafe conditions.
- Loch Moy Farm and MDHT management reserves the right to excuse a rider from the property if, in their opinion, that rider is conducting him/herself in an unsafe or otherwise unacceptable manner. No refund will be issued to anyone excused from the property.
- Dogs must be leashed at all times and constrained from moving about freely (no retractable leashes). Any dog left at a trailer or vehicle must be likewise constrained. Dogs that act aggressively and bark may not be brought to the facility. Animal Control will be notified and requested to remove any dogs found in violation of this regulation.
- There are no bathroom facilities or water available on the grounds.
- At management's discretion, the course may be closed or schooling canceled due to adverse weather conditions.

### Fees

- The fee for cross-country school is \$50.00 per person.
- The fee for the competition course is \$75.00 per person.
- A ground fee of \$25.00 must be paid per horse brought to the facility that is not being schooled.

# Schooling Registration Form

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Rider Name (print)

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Date

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Rider Signature and/or Parent/Guardian Signature (if Rider is under 18 years of age)

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Mailing Address (Street Address, City, State, and Zip Code)

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Physical Address (if different from Mailing Address)

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Email Address

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Accension# + Coggins Date

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Phone # ☐ Home ☐ Cell ☐ Office

- That MDHT and Loch Moy will conduct all activities in good faith and may find it necessary to terminate my participation if it is determined that I am incapable of safely meeting the rigors of the activity. I accept MDHT and Loch Moy's right to take such actions for the safety of myself, other riders, and/or the horses.

**Covenant not to Sue; Mediation; Venue; and Severability Clauses:** I covenant not to sue Carolyn Mackintosh, MDHT or Loch Moy for any present or future claim arising directly or indirectly from my participation with equines at Loch Moy Farm. This includes claims resulting from the inherent risks of equine activities and the active or passive negligence of Carolyn Mackintosh, MDHT, or Loch Moy.

This Agreement shall be construed and interpreted in accordance with the laws of the State of Maryland. Any action brought under this Agreement shall be brought within one (1) year of the incident or dispute giving rise to said claim. I further agree that *prior to litigation*, such incident or dispute shall first be mediated by a trained Mediator knowledgeable in equines and equine activities from a list acceptable to MDHT, Loch Moy, or Carolyn Mackintosh (whichever party is in dispute). Costs of mediation shall be shared equally by the parties. In the event of litigation, the prevailing party shall be entitled to costs and fees associated with the litigation, including reasonable attorney fees.

I also expressly agree that this Participant Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Maryland and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

**Acknowledgement of Understanding:** I understand this is a legal document and that I am signing this agreement freely and voluntarily. I understand I have the choice *not to participate* as a rider, handler, judge, assistant, volunteer, or spectator in the activity or event held at the facilities of Loch Moy Farm, and, therefore, not sign this agreement.

I have read this 2-page Participation Agreement and fully understand its terms. I understand that I am giving up substantial rights, including my right to sue Loch Moy or MDHT, its clinicians, directors, managers, employees, volunteers, and agents for injuries or death resulting from the inherent risks of equine activities or the active or passive negligence of Loch Moy Farm or MDHT. I further acknowledge that I intend my signature to be a complete and unconditional release of all liability, including that due to ordinary negligence by Loch Moy Farm or MDHT, to the greatest extent allowed by the laws of Maryland.

Facsimile signatures shall be accepted as an original signature.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant / Parent / Guardian  
(must be at least 18yrs of age to sign) \*

\_\_\_\_\_  
If participant is a minor, print name here

\_\_\_\_\_  
Printed Name of Signatory

\_\_\_\_\_  
Date of Birth of Minor Participant

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name of Emergency Contact Person

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone of Emergency Contact Person

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

**\* If Participant is a minor (less than 18 years of age), the parental or guardian signature indicates full understanding of the above terms and, as may be permitted by law, is waiving both the rights of the minor participant and the rights of the parent/guardian pursuant to this Agreement.**

OFFICE USE:

Received by: \_\_\_\_\_ Agent (Print Name)

MDHT, 1235 Park Mills Road, Adamstown, Maryland 21710

☐ Clinic Participant

☐ Competition Participant

☐ Schooling Participant

☐ Spectator / Auditor

☐ Volunteer

\_\_\_\_\_  
Name of Clinic, Seminar, Program, etc.