

Canaan Farms
3381 Plum Point Rd.
Huntingtown, MD 20639
410 257 0706

RIDING INSTRUCTION AGREEMENT AND LIABILITY RELEASE

By this agreement, made and entered this _____ day of _____, _____ by and between _____, who resides at _____

Hereinafter referred to as "I" and "Canaan Farms Equestrian Center at 3381 Plum Point Road, Huntingtown, Maryland 20639, hereinafter referred to as "CFEC". CFEC is owned and operated by Selena and Mark Andersen and falls under Canaan Farms Pet and Farm Care, Incorporated.

IT IS HEREBY AGREED TO AS FOLLOWS:

1. That I, the undersigned, do for myself or on behalf of my child or legal ward, hereby voluntarily request to participate in riding instruction as a student at CFEC, and that student will either ride his/her own horse, or school horses provided by CFEC for instruction purpose.
2. That in the last two years, student has ridden horses (write student's name or names beside appropriate riding time):
 - A. Less than 10 hours: _____
Student's name(s): _____
 - B. 10 to 20 hours: _____
Student's name(s): _____
 - C. 20 hours or more: _____
Student's name(s): _____
3. That parent or guardian and student understand that horses are unpredictable by nature; that when frightened or angry or under stress, a horse's natural instincts are to jump forward or sideways, to run away from danger at a trot or gallop, to kick, to buck, to rear up in front, or to bite; that horses are extremely powerful and that if a rider falls to the ground, the fall distance will be generally from 3-1/2 to 5-1/2 feet. I understand these risks and I voluntarily assume these risks and dangers.
4. That parent or guardian and student understands that upon maintaining the horse and taking up the reins, the student is in primary control of the horse and that CFEC is not responsible for the results of the student's actions or inactions. The student further agrees to not abuse, misuse, or deliberately agitate the horse, as these actions may result in increased risk to him/herself and others.
5. That I have been advised that students should purchase and wear an ASTM-SEI approved helmet and to wear it in and around CFEC so as to help prevent horse related injuries.
6. **LIABILITY RELEASE:** That I understand that, except in the event of CFEC wanton and willful negligence, I am responsible for bodily injury or property damage which I or my child or legal ward should sustain on CFEC's premises and/or trails and/or while riding a horse, and/or while in transit to or at horse shows, trail rides, or similar expeditions, and for any time I or my child or legal ward shall lose from employment or school or other activity, and for medical expenses or any other expenses incurred because of such bodily injury or property damage; and that I hereby for myself, my heirs, administrators and assigns release and discharge the owners, operators, employees and sponsors of CFEC and their respective servants, agents, officers, and all other participants of and from all claims, demands, actions and causes of action for such injuries sustained to my person, or that of my child or legal charge and/or property.
7. That the student is currently covered by accident-medical insurance and will remain insured for the duration of all riding instruction at CFEC. Name of my insurance company is _____ and the policy number is _____. That I further understand that should medical emergency treatment be required, the current insurance information here listed will be provided to the attending clinic or hospital to cover future payment of incurred bills.
8. That this agreement is entered into in the State of Maryland and will be interpreted and enforced under the laws of the state.
9. Upon the signing of this agreement, student acknowledges that he/she has read and agrees to be bound to CFEC's rules and incorporated herein by this reference.

I, THE UNDERSIGNED, BEING OF LEGAL AGE AND OF SOUND MIND AND NOT BEING UNDER THE INFLUENCE OF ALCOHOL, DRUGS OR INTOXICANTS, HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT AND RELEASE.

Full name(s), signature(s) or student rider(s) if under age or guardianship:

1. _____ /age _____
2. _____ /age _____
3. _____ /age _____
4. _____ /age _____

Parent/Guardian Signature _____

Listed on the reverse side are the details of any allergies, ailments or handicaps a student may have, and of which CFEC should be aware.