



**Delaware Valley Combined Training Association**

**“FIX- A- ROUND” CLINIC WITH 5\* EVENTER  
SALLY COUSINS**

**JULY 19, 2020 at Blue Goose Stables in Cochranville, PA**

**Rider name:**

**Address:**

**Phone:**

**E-mail:**

**DVCTA membership number (if applicable):**

**Horse name:**

**Level/ height you wish to jump:**

**Entry forms/ releases/ Coggins and checks made payable to DVCTA can be mailed to Eliza Herman at POB 206 Darlington, MD 21034 or emailed to [elizaherman1979@gmail.com](mailto:elizaherman1979@gmail.com).**

**Payment by Paypal (Friends and Family) can be made to [dvcta2011@gmail.com](mailto:dvcta2011@gmail.com)**

## DVCTA Release of Liability

**IN CONSIDERATION of being given the opportunity to participate in any DVCTA scheduled, recognized or supervised activity, including but not limited to, meetings, social events, clinics, practice sessions and competitions (the “Activities” or “Activity”), I, for myself, my personal representatives, assigns, heirs, and next of kin:**

- 1. ACKNOWLEDGE, agree and represent that I understand the nature of Equestrian Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activities.**
- 2. FULLY UNDERSTAND AND ACCEPT that: (a) EQUESTRIAN ACTIVITIES INVOLVE RISKS AND DANGERS of serious bodily injury, including permanent disability, paralysis and death; (b) these Risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the Releasees named below; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity.**
- 3. AGREE that if I observe any condition which I consider to be hazardous or dangerous, I will notify the proper authority in charge of the Activity and will refuse to take part in the Activity until the condition has been corrected to my satisfaction.**
- 4. ACKNOWLEDGE that under Pennsylvania law an equine professional and equine activity sponsor is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks equine activities.**
- 5. AGREE to wear an ASTM approved helmet with a chin strap fastened at all times while mounted.**
- 6. HEREBY RELEASE, discharge, and covenant not to sue DVCTA, the DVCTA Board of Directors, agents, officers, volunteers and employees, other participating Activity organizers, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place (the “Releasee” or “Releasees”) from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasee or otherwise, including negligent rescue operations; and I further agree that if, despite this release**

and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the Releasees, I **WILL INDEMNIFY, SAVE AND HOLD HARMLESS** each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as a result of such claim, to the fullest extent permitted by law.

I have read this Release of Liability in its entirety and fully understand its terms and conditions. I understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect. I understand this Release of Liability does not expire and shall continue from year to year unless revoked by me in writing.

\_\_\_\_\_  
**RIDER SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PARENT SIGNATURE (IF UNDER 18)**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINT RIDER NAME**