

CAMPER NAME

DATE TIME STAMP

Horse Camp: Fort Valley Ranch / Bear Trail LLC Liability Waiver

Fort Valley Ranch / Bear Trail LLC Liability Waiver

Participant Name

Participant Age

Participant Weight

Horse Handling/Riding Beginner (Under 10 Hours) Experience

Does this participant have any health conditions which may affect their safety and/or ability to ride a horse?

Fort Valley Ranch LLC / Bear Trail LLC DBA Fort Valley Ranch, LLC (The Ranch) is a **MULTI USE** facility. While not all risks can be foreseen, anticipated, or avoided, The Ranch has and will take all measures deemed reasonable to provide all guests with a safe environment. By affixing the name of myself and my family members, friends, and companions upon the list below, WE, the undersigned, agree to accept any and all responsibility for our own safety the entire time we are engaged in any equine activity and/or agriculture recreation activities while we are guests or visitors upon the property of Fort Valley Ranch LLC / Bear Trail LLC DBA Fort Valley Ranch LLC. Futher, I/We also hereby waive, release, discharge, and agree to hold harmless Fort Valley Ranch LLC / Bear Trail LLC DBA Fort Valley Ranch LLC, their respective shareholders, offices, directors, members, managers, affiliates, employees, agents, representatives, from any and all claims, demands, and causes of action of any kind which may exist, or which may hereafter accrue, directly or indirectly, arising out of or resulting in any way to such equine activities and/or agriculture recreation activities as provided in section 3.1-796.130 and section 3.1-796.130c Virginia revised statues. **WARNING: UNDER VIRGINIA LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES PURSUANT TO SECTION 3.1-796.130 VIRGINIA REVISED STATUTES.**

WE WILL PROVIDE A HELMET AT YOUR REQUEST.*

*NOTE: Caroline Furnace requires all Summer Camp participants to wear a helmet.

Signer Statement of Awareness: I/we, the undersigned, represent that I/we have read and do understand the foregoing agreement, liability release, and assumption of risk agreement. I/we understand that by signing this document I/we am giving up rights to sue today and in the future. I/we attest that all facts are true and accurate. I am signing this while of sound mind and not suffering from shock, or under the influence of alcohol, drugs, or intoxicants.

Parent/Guardian Signature

Signature Date