

**CARROLLTON HOUNDS, INC.**  
**SCHOOLING DAY**

**AGREEMENT FOR VOLUNTARY RELEASE, WAIVER OF LIABILITY,  
ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**

The undersigned person requests and is granted permission for him/herself and or for the minors of whom he or she is legal guardian and whose names are listed below (the "below-named minors") as a mounted or unmounted participant at the Carrollton Hounds, Inc. event, subject to the rules and regulations thereof.

In consideration of the grant of permission to participate in cross country riding, I, the under signed, for myself, my personal representatives, heirs, next of kin, spouse and assigns, guardians, and legal representative, and or for the below-named minors and their personal representative, heirs, next of kin, spouse and assigns, guardians, and legal representative DO HEREBY:

1. Understand that my participation and or that of the below-named minors in cross country horseback riding (which includes riding over fences, other obstacles, and steep and rough terrain upon the lands of many property owners) and all activities related to participating in or spectating cross country horseback riding contains DANGER AND RISK OF INJURY OR DEATH and that there is INHERENT DANGER IN THESE ACTIVITIES WHICH I APPRECIATE AND VOLUNTARILY ASSUME AND OR ALLOW THE BELOW-NAMED MINORS TO ASSUME BECAUSE I CHOOSE TO DO SO. I HAVE OBSERVED THESE ACTIVITIES, AND I KNOW AS WELL THAT OTHER PARTICIPANTS POSE A DANGER TO ME AND OR BELOW-NAMED MINORS. Nevertheless, I VOLUNTARILY ELECT TO ACCEPT ALL RISKS concerned with my participation and that of the below-named minors in these activities.
2. RELEASE, DISCHARGE, HOLD HARMLESS, AND COVENANT NOT TO SUE Carrollton Hounds, Inc., or its Masters of Fox Hounds, officers, directors, members, employees, guests or any landowners, landholders, or other persons making property available for Carrollton Hounds, Inc., or upon which I may enter at any time (the "Releasees") from any and all claims and liability, including, but limited to any claim of negligence against Carrollton Hounds, Inc. arising out of my participation in fox hunting, or riding of any nature, kind or description which causes the undersigned and or the below-named minors injury, death, damages, or property damage. I hereby covenant not to sue and to hold Releasees harmless and indemnify Releasees from any claim, judgment or expenses, including attorney's fees which Releasees may incur arising out of my activities or presence in these activities and or those of the below-named minors.
3. I ACKNOWLEDGE that I and or the below-named minors are aware of all the safety customs, rules, and practices involved with these activities and that I and or they have complied with the same. If I or they failed to do so, I ASSUME ALL RISKS for myself and or for them, and I hereby RELEASE Releasees for any failure in ascertaining my riding ability and or that of the below-named minors, or in inspecting my horse or my equipment and or the horse(s) and equipment of the below-named minors. I expressly agree that the Releasees are under no obligation of care for my benefit and or for that of the below-named minors.
4. AGREE that this Agreement shall apply to any death, accident or injury.

This Agreement for Voluntary Release, Waiver of Liability, Assumption of Risk, and Indemnity Agreement shall be governed and construed in accordance with the laws of the State of Maryland. The undersigned further expressly agrees that this Agreement for Voluntary Release, Waiver of Liability, Assumption of Risk, and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the State of Maryland and, that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue to full legal force and effect.

FURTHER, I specifically certify as follows:

1. I HAVE READ THIS DOCUMENT.
2. I UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS, PURSUANT TO WHICH I, FOR MYSELF AND OR THE BELOW-NAMED MINORS, AM WAIVING LEGAL RIGHTS.
3. I UNDERSTAND THAT I ASSUME ALL RISKS INHERENT IN CROSS COUNTRY RIDING WITH CARROLLTON HOUNDS, INC., FOR MYSELF AND OR THE BELOW-NAMED MINORS.
4. I VOLUNTARILY SIGN MY NAME, EVIDENCING MY ACCEPTANCE OF THE ABOVE PROVISIONS.

Date: \_\_\_\_\_  
Signature (participant or minor child’s legal guardian)

Printed Name: \_\_\_\_\_

Minor Child’s Name: \_\_\_\_\_  
(to be completed if the signature on this Agreement is that of the minor child’s legal guardian)

Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**\*Carrollton Hounds, Inc. requires that all mounted riders wear ASTM/SEI approved helmets\***

**Emergency Contact:**

Name & Relationship to Rider: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

**In case of emergency/injury, location where the rider’s horse should be returned:**

Name of Farm/Boarding Facility: \_\_\_\_\_

Complete Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Person at Boarding Facility: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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Carrollton Hounds, Inc.

By: \_\_\_\_\_

Authorized Representative

Rev: 11/2022