

Kings Valley Stables and  
Out of the Box Stables  
8130 Damascus Rd  
Gaithersburg, Md 20882

**LIABILITY RELEASE and STUDENT REGISTRATION FORM**

This RELEASE FROM LIABILITY is made and entered into on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between Susan Carr Davis AND Out of the Box Stables, LLC, hereinafter designated MANAGERS/INSTRUCTORS and Out of the Box Stables, hereinafter designated FARM OWNER, and (Print the Rider's

Name) \_\_\_\_\_, hereinafter designated RIDER; and if Rider is a minor, Rider's parent or guardian (Print the Parent Name if minor) \_\_\_\_\_. In return for the use today, and on all future days, of property, facilities and services of ALL Manager/Instructors of Out of the Box Stables, LLC and Farm Owner, Out of the Box Stables, the Rider, his heirs, assigns and legal representatives, hereby expressly agree to the following:

1. Rider is responsible for full and complete insurance coverage on his/her owned horse, personal property and him/herself. 2. Rider understands there are risks in and around equine activities, and, that an equine activity sponsor and/or equine professional and/or manager/instructor is not liable for an injury to, or the death of, rider, and/or participant in equine activities resulting from the inherent risk of equine activities. 3. RIDER/PARENT/GUARDIAN AGREES TO ASSUME ANY AND ALL RISKS INVOLVED IN OR ARISING FROM RIDER'S USE OF OR PRESENCE UPON FARM OWNER/MANAGER'S/INSTRUCTOR'S PROPERTY AND FACILITIES including, without limitation but not limited to: the risks of death, bodily injury, property damage, falls, kicks, bites, collisions with vehicles, horses or stationary objects, fire or explosion, the unavailability of emergency medical care, and/or the negligence and/or deliberate act of another. 4. Rider agrees to hold pManager/Instructor and all successors, assigns, subsidiaries, franchisees, affiliates, officers, directors, employees, farm owners and agents completely harmless and not liable and releases them from all liability whatsoever and AGREES NOT TO SUE them on account of or in connection with any claims, causes of action, injuries, damages, costs or expenses arising out of Rider's use of or presence upon Farm Owners/ Manager's/Instructor's property and facilities, including without limitation, those based on death, bodily injury, property damage, including consequential damages, except if the damages are caused by the direct, willful and wanton gross negligence of the Manager/Instructor. 5. Rider agrees to waive the protections afforded by any Statute or law in any jurisdiction (e.g. California Civil Code Para. 1542) whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing the release. 6. Rider/Parent/Guardian agrees to indemnify and defend Manager/Instructor and all their agents and representatives against, and hold from Rider's use of or presence upon the manager's Instructor's property and facilities. 7. Rider/Parent/Guardian agrees to abide by all of Manager's/Instructor's rules and regulations, and Rider is responsible for using protective head gear, i.e. Riding helmet and hard boots. 8. If Rider is using Rider's horse, the horse shall be free from infection, contagious or transmissible diseases. Manager/Instructor reserves the right to refuse any horse entry to the property if not in proper health or is deemed dangerous or undesirable. 9. This Contract is non-assignable and non-transferable and is made and entered into IN THE STATE OF MARYLAND and shall be enforced and interpreted under the laws of this state. Should any clause be in conflict with the State Law, then that clause is null and void. When the Manager/Instructor and Rider (and Rider's parent or guardian if Rider is a minor) sign this release from Liability, it will then be binding on both parties, subject to the above Terms and Conditions.

\*I HAVE READ, UNDERSTAND AND AGREE TO THIS RELEASE:

\_\_\_\_\_  
Rider's Signature or Parent/Guardian Signature if Rider is a Minor

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

All Allergies/Medical conditions if Applicable: \_\_\_\_\_

Email \_\_\_\_\_ Physical Address: \_\_\_\_\_

Credit Card Info: Fill This Section for Monthly Autopay if Enrolling in Monthly Lesson Program. Please note: We need 2 weeks notice if discontinuing program to delete card information.

Card # \_\_\_\_\_ expiration month/year \_\_\_\_\_ / \_\_\_\_\_ CVV code \_\_\_\_\_

Card's Billing Zip Code: \_\_\_\_\_

*THANK YOU FOR RIDING WITH US!*