

VIRGINIA DRESSAGE ASSOCIATION  
A CLINIC WITH S JUDGE LILO FORE  
LIABILITY RELEASE AND ACKNOWLEDGMENT OF FINANCIAL RESPONSIBILITY

I knowingly, willingly, and voluntarily acknowledge the inherent risks associated with the sport of equestrian and know that horseback riding and related equestrian activities are inherently dangerous, and that participation in any VADA activities, including clinics, involves risks and dangers including, without limitation, the potential for serious bodily injury (including broken bones, head or neck injuries), sickness and disease (including communicable diseases), trauma, pain & suffering, permanent disability, paralysis & death; loss of or damage to personal property (including my mount & equipment) arising out of the unpredictable behavior of horses; exposure to extreme conditions and circumstances; accidents involving other participants, event staff, volunteers or spectators; contact or collision with other participants and horses, natural or man made objects; adverse weather conditions; facilities issues and premises conditions; failure of protective equipment (including helmets); inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of the VADA organizers and the facility (Morven Park Equestrian Center); and other undefined, not readily foreseeable and presently unknown risks and dangers (“Risks”). I assume all risks of injury, death, and injury or damage to property, including equines, associated with participation in equine activities. I waive all rights to sue VADA, and Morven Park Equestrian Center and/or any of their officers, directors, volunteers, employees and agents, the clinicians at this event, the owners or lessors of the facility where the event is held and/or any sponsor of this event for the injury to/or death of me or where applicable, the junior named below, and/or injury to property, including equines. I agree to indemnify and hold harmless the foregoing parties from and against any and all such claims of injury, death, or damage. This liability/release form is to be construed in accordance with, and to be as broad as permitting by the Equine Activity Liability/Act set forth by the Virginia Code. I further acknowledge that, regardless of any agreements between the rider and the horse’s owner, the rider, as the clinic participant, is ultimately responsible for paying all applicable fees to VADA and any related fees to the facility hosting the clinic.

Date:

Signature of Auditor:

**If rider is under 18, then parent or legal guardian must sign below to acknowledge the terms of this release form. Signature of trainer/instructor is not acceptable.**

Date:

Signature of Parent or Legal Guardian

Emergency Point of Contact in case of injury or illness of Auditor (Name and Phone #):