

RELEASE OF LIABILITY AND COVENANT NOT TO SUE:

NOW BY THESE PRESENTS, I willingly acknowledge that I, my heirs, executors, administrators, successors and assigns do hereby release **Lisa Mitchell, dba BLUE RIDGE MOUNTAIN TRAIL RIDES at Hell's Hollow (LLC) hereafter known as (BRMTR)** from any and all liability from any and all damages for any and all acts or omissions of whatever kind or nature arising out of or in any way connected with horseback riding or the operations of BRMTR. I also covenant not to sue BRMTR for any and all harm or bodily injury, loss of life to myself or others, property damage, or for acts or omissions of BRMTR's respective owners, agents, servants, or employees. Further, I indemnify BRMTR should any verdict be rendered against BRMTR. INITIAL: _____.

ACKNOWLEDGEMENT AND ACCEPTANCE OF RISK:

I hereby completely acknowledge that there are risks, hazards, and dangers, associated with horseback riding, both known and unknown, which may result in injury, death, illness, or disease, and that such hazards may occur without anyone, including the providers of such horses, being at fault. Being fully aware of these risks, I, the undersigned nonetheless desire to use such horses and hereby accepts any and all risks to the undersigned, to any third party, or damage to property of anyone including the provider of tack and horses. I further understand that there are domestic and wild animals, rugged terrain, stump holes, yellow jacket nests and other stinging insects, old and new fence lines, bodies of water including streams, rivers or creeks, and that persons participating in the activity may not possess my skill level. I acknowledge that weather conditions may be present, including the possibility of lightning and thunderstorms, mud, ice, and other hazardous conditions related to the climate, depending on the season of the year, and I assume all risk of injury or death to myself from said dangers or from any other cause whatsoever. I therefore agree to make no claim or demand upon BRMTR, its owners, family members, agents, affiliates, servants, employees or anyone else associated with BRMTR.

INITIAL: _____.

REPRESENTATION OF PHYSICAL CONDITION:

I hereby represent that my physical condition is such that by participating in horseback riding or any other activity offered on the property of BRMTR I will pose no apparent hazards, dangers or risks of health or well-being to myself.

INITIAL: _____.

SIGNATURE: _____

PRINT: _____

DATE: _____

A helmet is recommended for all skill levels.

How is your ability as a rider?

_____ First Time _____ Not very experienced

_____ Experienced rider _____ Very experienced rider