

I am participating in the Jane Karol Clinic at Goose Chase Farm by Central Vermont Dressage Association. I hereby enter my horse at my own risk subject to all rules and regulations of this event. I understand that the sport of horseback riding is inherently dangerous, and that serious injury and death can occur. I agree that if any injury occurs to me, my horse, or any of the Officers, Director's, Trustees, Employees, and Volunteers, of the aforementioned organizations. I further agree to hold Jane Karol, Goose Chase Farm, Central Vermont Dressage Association or Officers, Directors, Trustees, Employees, Volunteers, and any Landowner(s) free and harmless from any liability claims, suits, or damages of whatsoever kind or nature that may be occasioned by the horse(s) exhibited or owned by me or the negligence of the person(s) in charge of such horse(s) and I agree to indemnify and hold harmless these associations and individuals against all liability, claims, suits, and expenses including attorney fees incurred, arising out of any injury to any person(s) or damage to any property caused by me, my horse(s) or attendant(s).

**I agree that I or any riders of my horse(s) will wear a properly always fitted and fastened ASTM/SEI-Approved helmet while mounted. Under VERMONT LAW, an equine activity sponsor or professional shall not be liable for any injury to, or death of a participant in EQUINE ACTIVITIES resulting from inherent risk of EQUINE ACTIVITIES, CODE, od VERMONT 12V.S.A.81039.**

Signature Of Owner/Agent: \_\_\_\_\_

Signature of Rider (parent if rider is under 18): \_\_\_\_\_

Questions? 802-770-0456 Email: [SKentVermont@aol.com](mailto:SKentVermont@aol.com)

[www.CVDA.org](http://www.CVDA.org) to apply.