



RELEASE OF LIABILITY  
READ CAREFULLY - THIS AFFECTS YOUR LEGAL RIGHTS

In exchange for participation in Equestrian activities of organized by Fylicia Barr Eventing and/or use of the property 380 Upland Rd, Kennett Square PA, facilities and services of Fylicia Barr, I agree for myself and (if applicable) for members of my family, to the following:

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by Fylicia Barr, or the employees, representatives or agents of Fylicia Barr.
2. I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge Fylicia Barr for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of Fylicia Barr, weather caused by the fault of myself, my family, Fylicia Barr or other third parties.
3. I agree to indemnify and defend Fylicia Barr against all claims, causes of action, damages, judgements, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of Fylicia Barr.
4. I agree to pay for all damages to the facilities of Fylicia Barr caused by my or my family's negligent, reckless or willful actions.
5. Any legal or equitable claim that may arise from participation in the above shall be resolved under Pennsylvania law.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS

Participant Printed name: \_\_\_\_\_

Participant or Guardian Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

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

In case of an emergency, please call print name: \_\_\_\_\_

(Relationship: \_\_\_\_\_)

Day Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Eventing Phone: \_\_\_\_\_