

**BRANDYWINE CONSERVANCY PAPER CHASE IN THE LAURELS PRESERVE
WAIVER/RELEASE OF LIABILITY AND INDEMNIFICATION**

I REQUEST PERMISSION TO PARTICIPATE IN THE BRANDYWINE CONSERVANCY & MUSUEM OF ART (BRANDYWINE) PAPER CHASE IN THE LAURELS PRESERVE EVENT, (REFERRED TO HEREIN AS "ACTIVITY"). I FULLY UNDERSTAND THAT THE ACTIVITY (WHICH INCLUDE RIDING OVER FENCES, OTHER OBSTACLES, AND DANGEROUS AND ROUGH TERRAIN, OFTEN IN CLOSE PROXIMITY TO OTHER RIDERS AND HORSES) IS A VERY DANGEROUS ACTIVITY. I WISH TO PARTICIPATE IN THE ACTIVITY KNOWING IT IS VERY DANGEROUS, AND I ACCEPT AND ASSUME ALL THE RISKS OF INJURY (INCLUDING DEATH) TO ME OR DAMAGE TO MY PROPERTY. I REPRESENT AND WARRANT THAT I HAVE THE AUTHORITY TO GIVE THIS RELEASE.

IN EXCHANGE FOR BEING PERMITTED TO PARTICIPATE IN THE ACTIVITY, FOR MYSELF, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES, I ASSUME ALL RISKS AS STATED ABOVE, AND:

(1) I RELEASE AND AGREE NOT TO MAKE OR BRING ANY CLAIM OF ANY KIND AGAINST THE BRANDYWINE OR THEIR RESPECTIVE OFFICERS, DIRECTORS, TRUSTEES, MEMBERS, EMPLOYEES, AGENTS, OR GUESTS, OR ANY LANDOWNERS OF, LANDHOLDERS OF, LESSEES OF, OR OTHER PERSONS OR ENTITIES HAVING ANY RESPONSIBILITY WITH RESPECT TO, LAND UPON WHICH I ENGAGE IN THE ACTIVITY (ALL COLLECTIVELY REFERRED TO HEREIN AS "RELEASES"), FOR ANY INJURY (INCLUDING DEATH) TO ME OR ANY DAMAGE TO MY PROPERTY WHETHER OR NOT DUE TO ANYONE'S NEGLIGENCE OR TO ANY OTHER CAUSE ARISING FROM MY PARTICIPATION IN THE ACTIVITY; AND

(2) I ALSO AGREE IF ANYONE MAKES ANY CLAIMS BECAUSE OF ANY INJURY (INCLUDING DEATH) TO ME OR ANY DAMAGE TO MY PROPERTY ARISING FROM MY PARTICIPATION IN THE ACTIVITY, I WILL HOLD RELEASES HARMLESS AND KEEP THEM FREE OF, AND WILL INDEMNIFY THEM FOR, ANY DAMAGES OR COSTS BECAUSE OF THOSE CLAIMS; AND

(3) I ALSO AGREE IF ANYONE MAKES ANY CLAIMS BECAUSE OF ANY INJURY (INCLUDING DEATH) CAUSED BY ME, MY EMPLOYEES OR AGENTS, OR ANY DAMAGE TO PROPERTY CAUSED BY ME, MY EMPLOYEES, OR AGENTS, IN CONNECTION WITH THE ACTIVITY, I WILL HOLD ALL RELEASES HARMLESS AND KEEP THEM FREE OF, AND WILL INDEMNIFY THEM FOR, ANY DAMAGES OR COSTS BECAUSE OF THOSE CLAIMS.

PROTECTIVE HEADGEAR REQUIREMENT:

I HAVE BEEN ADVISED THAT I SHOULD PURCHASE AND WEAR PROTECTIVE HEADGEAR (AN ASTM -AMERICAN SOCIETY FOR TESTING AND MATERIALS/SEI-SAFETY EQUIPMENT INSTITUTE APPROVED). CHIN HARNESS MUST BE SECURED. IT IS THE RESPONSIBILITY OF THE RIDER, OR THE PARENT OF THE RIDER TO SEE TO IT THAT THE HEADGEAR COMPLIES WITH APPROPRIATE SAFETY STANDARDS FOR PROTECTIVE HEADGEAR INTENDED FOR EQUESTRIAN USE AND IS PROPERLY FITTED AND IN GOOD CONDITION. AND THAT WEARING SUCH HELMET WHILE MOUNTING, RIDING, DISMOUNTING AND OTHERWISE WHILE BEING AROUND EQUINES MAY PREVENT OR REDUCE THE SEVERITY OF HEAD INJURIES AND EVEN PREVENT DEATH AS THE RESULT OF A FALL OR OTHER OCCURENCES. I UNDERSTAND THAT RIDING HELMETS ARE STRICTLY REQUIRED, AT ALL TIMES, WHILE MOUNTED FOR RIDERS PARTICIPATING IN THE ACTIVITY. IN ADDITION, I ACKNOWLEDGE THAT THE BRANDYWINE CONSERVANCY RECOMMENDS THAT I WEAR A PROTECTIVE VEST THAT MEETS OR EXCEEDS CURRENT ASTM STANDARDS WHILE MOUNTED, AND I ASSUME FULL RESPONSIBILITY FOR MY DECISION ON WHETHER TO FOLLOW BRANDYWINE CONSERVANCY'S RECOMMENDATION IN THIS REGARD.

HEALTH CARE AUTHORIZATION: IN THE EVENT I AM INJURED OR BECOME ILL WHILE PARTICIPATING IN THE ACTIVITY, I HEREBY AUTHORIZE AND CONSENT OTHER PERSONS PRESENT, HAVING A GOOD FAITH BELIEF THAT I AM UNABLE TO ACT IN MY OWN BEST INTERESTS, TO PROVIDE EMERGENCY MEDICAL CARE FOR ME AND THAT SUCH PERSONS REASONABLY BELIEVE SUCH CARE IS IN MY BEST INTERESTS UNDER THE CIRCUMSTANCES. SUCH PERSONS ARE ALSO HEREBY AUTHORIZED UNDER THOSE CONDITIONS TO GIVE MY HORSE SUCH CARE, INCLUDING VETERINARY CARE, AS THEY REASONABLY BELIEVE TO BE IN THE BEST INTERESTS OF MY HORSE. THE FOREGOING AUTHORIZATIONS AND CONSENTS SHALL NOT BE DEEMED TO CREATE ANY DUTY IN ANY PERSON TO TAKE ANY ACTION WITH RESPECT TO ME OR ANY HORSE OF MINE.

Waiver/release of Liability and indemnification

SIGNED: _____ DATE: _____

PRINT NAME: _____

ADDRESS: _____

In Case of EMERGENCY Please NOTIFY: _____ PHONE: _____
(someone not participating in the activity)