

CHAPEL VIEW, LLC

14290 Chapel Lane

Leesburg, VA 20176

(703) 994-0430

**RELEASE AND HOLD HARMLESS AGREEMENT**

The Undersigned assumes the risks inherent in all horse-related activities, including but not limited to bodily injury and physical harm or death to the horse, rider, and/or spectator.

Therefore, the Undersigned does hereby agree to indemnify and hold harmless Jacquelyn D. Ross, Chapel View, LLC. and its members and employees, and further release them from any liability or responsibility for accident, damage, injury, death, or illness to the Undersigned or to any horse owned by the Undersigned or to any family member or spectator accompanying the Undersigned.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name, Address and Telephone Number:

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Email : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature, Parent or Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_