

Release and Hold Harmless Agreement

SAS Sport Horses LLC

9113 Belvedere Dr.

Frederick, MD 21704

1. I, \_\_\_\_\_ (Print Name), the undersigned have read and Understand, and freely and voluntarily enter into this Release and Hold Harmless Agreement with SAS Sport Horses, LLC (Shera Solomon) and understanding that this Release and Hold Harmless Agreement is a waiver of any and all liability(ies).
  
2. I understand the potential dangers that I could incur in mounting, riding, walking, boarding, feeding said horse; including, but not limited to, any interactions with other horses.  
 I understand that horseback riding is a dangerous sport. Serious injury may result from participation in this activity. SAS Sport Horses LLC does not guarantee your safety or the safety of your horse. The undersigned assumes the unavoidable risks inherent in all horse related activities, including but not limited to bodily injury, physical harm and or death to rider, horse and spectator. Understanding those risks I hereby release SAS Sport Horses, LLC its officers, directors, shareholders, employees and anyone else directly or indirectly connected with that Company from any liability whatsoever in the event of injury or damage of any nature (or perhaps even death) to me or anyone else caused by or incidental to my electing to handle, mount and ride or be in the vicinity of a horse owned or cared for by SAS Sport Horses, LLC.

**IMPORTANT NOTICE**

**BY SIGNING THIS AGREEMENT YOU ARE GIVING UP CERTAIN RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF YOUR RIDING THE OWNER'S HORSE(S) AND/OR PARTICIPATION IN EQUINE ACTIVITIES AT SKYLARK FARM, LLC AND SAS SPORT HORSE, LLC, INCLUDING INJURY, DEATH, OR PROPERTY DAMAGE ARISING OUT OF THE NEGLIGENCE OF YOU OR SKYLARK FARM, LLC AND SAS SPORT HORSES, LLC.**

**READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT.**

**SIGNATURE INDICATES YOUR UNDERSTANDING OF AND AGREEMENT TO ITS TERMS.**

By signing this form, I hereby acknowledge on behalf of myself that I have familiarized myself with the activities that I will be allowed to participate in, and that I do acknowledge and agree that I will participate in these activities without restriction or limitation. I recognize the inherent risk involved in riding and working with horses, included but not limited to:

- **Bites, kicks, abrasions or contusions from horses**

- **Being thrown or bucked off by horses**
- **Scratched or other injury from stalls or enclosures**
- **Scratches or other injury from grooming tools and other equine equipment and tack**
  - **Scratches or other injuries from farm equipment**
  - **Allergic Reaction to animals, hay, or other allergens**
  - **Tripping in holes or on materials or equipment**
- **Slipping, falling, or otherwise being injured in the barn, in stalls, or on the grounds.**

I understand and recognize and warrant that this Release and Hold Harmless Agreement, is being voluntarily and intentionally signed and agreed to, and that in signing this Release and Hold Harmless Agreement I know and understand that this Release and Hold Harmless Agreement may further limit the liability of equine professionals to include any activity, whatsoever, involving an equine, including death, personal injury and/or damage to property.

Name (Printed) \_\_\_\_\_

(Signature) \_\_\_\_\_ (If under the age of 18,  
parents signature required)

Name (Parent or Guardian) \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

---