



Horse Show Waiver & Liability Release Form

By signing this Waiver & Liability Form, I on behalf of myself (and my minor child/ren, if any applicable) agree not to hold Dave and Helen Friedrichs, Daryl Seyfert, Annie Johnston, Bridge Acres Stables and any of its affiliates or any employees of the above mentioned responsible or liable for any and all damage(s), injury, illness, hospitalization, death, loss, or theft of any horse or pony, equipment, property, self, spectator or exhibitor incurred before, during or after this horse show. The term "damages" means, for example, medical expenses, expenses and losses incurred because of bodily injuries or property damage and/or personal property. As Per Pennsylvania Equine Activity Immunity Act Law, I assume the risk of all equine activities pursuant to Pennsylvania Law. I also agree to allow Bridge Acres Stables to use any photos taken during the show to be used for promotional purposes on social media, print or video. I accept and acknowledge that Equestrian activities are inherently dangerous and could at any moment succumb to natural instincts which could cause harm physically, mentally or emotionally to myself or others and in no way will I hold the above mentioned parties responsible or liable.

I understand that anyone riding, handling, working with, or near an equine can suffer bodily or other injuries. Equines are unpredictable by nature. For example, when frightened, angry, or under stress, the natural instincts of an equine are to jump forward or sideways, back up quickly, or run away from danger by trotting or galloping. Equines are also known to kick, buck, rear up, spin around, strike, or bite. Equines may also collide with other equines, property, equipment, or individuals. I know that equines can do any of these things at any time without warning, regardless of the horse's experience or training level. I also understand that all equines, even if they have no history of inflicting injury, are powerful and have the potential to be dangerous to those who are on, near, or around them.

_____ Initial

I understand that I am required at all times to wear a properly fitted and secured ASTM-Standard/SEI-Certified protective equestrian headgear at any time I am mounted atop an equine and it is recommended to wear one while near or handling equines.

_____ Initial

I understand that I am required to follow the Covid19 Policy and Guidelines in place by BAS and I am required to wear a mask and follow social distancing required by federal, state, and local guidelines by the CDC and Governor of Pennsylvania Tom Wolfe.

_____ Initial

Print Name

Sign Name

_____ Date

Please list name(s) of minor Child/ren: _____
