

Hope Springs Farm, llc
Located on the leased premises of
Marsh Creek State Park
LIABILITY / RELEASE FORM

NOTICE: You assume the risk of equine activities pursuant to Pennsylvania State Law.

I understand that, being aware of the risks and exposure to personal injury involved through equestrian activities, I hereby release, indemnify and hold harmless Hope Springs Farm, LLC (the stables), its officers and shareholders, its management, employees, families and the Commonwealth of Pennsylvania, Bureau of State Parks from any and all claims, actions, suits, losses and / or damages which may occur to myself or my property in any connection with lessons, clinics, practices, trail rides, horse show, pony rides, pony parties, hay rides, Girl or Boy Scout groups, Brownie groups, summer camps, day camps, other activities or any work involving horses or Hope Springs Farm grounds within Marsh Creek State Park. I also agree to abide by all rules and regulations of Hope Springs Farm.

In the event of a medical emergency, the undersigned authorizes agents of Hope Springs Farm to take any necessary steps to obtain medical assistance, including the use of an ambulance or Emergency Medical Technician assistance. The undersigned further authorizes any licensed physician to provide medical / surgical care or emergency care, pending production of specified consent from the undersigned.

I understand that risks are involved in riding, handling, working with or being around horses, and, by signing this agreement, I take full responsibility in the event of any injury. I have read this release, waiver and indemnity agreement and understand the risks involved and agree to assume them. I sign this agreement voluntarily and with full knowledge of its significance.

If 18 or over, please print and sign name below:

Print Name: _____

Signature: _____

Date: _____

If child is under 18, parent or guardian should sign below:

Print Minor's Name: _____

Signature of Parent / Guardian: _____

Date: _____