



**BLANDY EXPERIMENTAL FARM
STATE ARBORETUM OF VIRGINIA BRIDLE TRAIL:**

Acknowledgement of Risks, Assumption of Risk and Responsibility, and Release of Liability

Warning: There are significant elements of risk in any adventure, sport or outdoor activity, particularly when associated with saddle animals, including but not limited to horses, mules and burros (referred to herein as "activity"), as well as from their use or related equipment.

Acknowledgement of Risks: I realize that there is an inherent danger in the use of any saddle animal and that travel with or upon a saddle animal may involve hazards, including, but not limited to, uneven or unstable ground or road surfaces, trees, branches, rocks, stones, gravel, mud, water, and/or objects on the ground or roadway; that weather can create slippery conditions associated with fog drip, rain, sleet, ice and snow; that motor vehicles, other horses and riders, equipment failure, my ability to control or direct an animal, and the speed at which I proceed can pose a dangerous risk to my safety; that movement, noise and contact with objects may frighten or cause an animal to move unpredictably and with force; that I may suffer accidents or illnesses in remote places where there are no available medical facilities; and that no warranty of any kind, expressed or implied, is being made as to the habits, disposition, suitability, nature or physical condition of any animal. I realize that personal property may be lost or damaged, that certain foreseeable and unforeseeable events can contribute to the unpredictability of the risks, dangers and hazards of the activity; that wearing a helmet is a basic precaution; and that I should ask about other potential risks, dangers and hazards and recommended precautions and procedures.

Assumption of risk and responsibility: In recognition of the inherent risks of the activity, which I and any minor children for which I am responsible will engage in, including approaching, handling, mounting, riding, and dismounting a saddle animal, I confirm that I am (we are) physically and mentally capable of participating in the activity and using the equipment. I/We participate willingly and voluntarily, and I assume full responsibility for personal injury, accidents or illness, including death. I assume all responsibility for damage to or loss of personal property as the result of any accident that may occur.

Authorization: I hereby authorize any medical treatment deemed necessary in the event of any injury while participating in the activity. I either have appropriate medical insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf.

Release of Liability: In consideration of services or property provided, I, for myself and any minor children for which I am parent, legal guardian or otherwise responsible, any heirs, personal representatives or assigns, do hereby release the Commonwealth of Virginia and the Rector and Visitors of the University of Virginia, Blandy Experimental Farm, and the Foundation of the State Arboretum, their officers, employees and agents from all liability and waive any claim for damages arising from any cause whatsoever.

I HAVE READ THE FOREGOING ACKNOWLEDGEMENT OF RISK, ASSUMPTION OF RISK AND RESPONSIBILITY, AND RELEASE OF LIABILITY. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I MAY BE WAIVING VALUABLE LEGAL RIGHTS. IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE, THIS FORM REQUIRES A PARENT OR LEGAL GUARDIAN'S NAME AND SIGNATURE.

_____	_____	_____
(PRINT Name of Participant)	(Participant's Signature)	(Date MM/DD/YY)
_____	_____	
(Street Address)	(Parent's Name and Signature, if required)	
_____	_____	
(City or County/State/Zip Code)	(Home Phone & Area Code)	

(Email: used to announce future trail rides and other Arboretum events)

Date of Last Coggin's Test: _____ MM/DD/YY Number of Coggin's Test: _____