



OFFICE: 610-444-6163
FAX: 610-444-5459

LOUISE SERIO: 610-636-0678

EMAIL:
ride@derbydown.com

**Derbydown, Inc., Hillendale LLC, DDS & Hillendale LLC Hold Harmless,
Board/Lesson/Clinic Contract
Release, Assumption of Risk and Indemnification Agreement**

Rider's/Owner's Name: _____
Parents' names, if a Minor: _____
Billing Address: _____
Phone Number: Home: () - - Work: () - -

Horse's Name: Stable: _____ Show: _____
Is this horse insured: YES NO, If yes list insurance company name, phone and policy number:

Date of arrival: _____
Previous Riding Experience: _____
List/Describe any preexisting health conditions: _____

Name and phone # of emergency contact person: _____

I (we) the undersigned have contracted with Derbydown, Inc./Louise Serio, Hillendale LLC, DDS & Hillendale LLC for board, a clinic and/or instructional riding purposes. It is understood and agreed that in no way are Derbydown, Inc., Hillendale LLC, DDS & Hillendale LLC, the Management of Derbydown, Inc., Hillendale LLC, DDS & Hillendale LLC or the employees of Derbydown, Inc., Hillendale LLC, DDS & Hillendale LLC responsible or liable for any accident or injury, including negligence, which may result while the undersigned are at Derbydown, Inc., Hillendale LLC, DDS & Hillendale LLC. My (our) horse is in good health and condition and has received the EHV-1 and EHV-4 vaccination within the last 120 days. My horse has a current negative coggins.

In consideration of the use of Derbydown, Inc.'s, Hillendale LLC's, DDS & Hillendale LLC's, boarding and riding facilities, I (we) hereby voluntarily and knowingly release and discharge Derbydown, Inc., Hillendale LLC, DDS & Hillendale LLC, its owners, management and employees from all claims, demands, actions, suits or causes (including all claims for personal injury or property damage) which may or do arise from the use of, or exposure to, any or all of the equipment, tools, horses and facilities located at or about the premises at 340 E. Hillendale Road, Kennett Square, Pennsylvania, 13265 11th Lane North, Loxahatchee, FL, 33470, 13355 11th Lane North, Loxahatchee, FL 33470, regardless of such claim, injury or damage that may arise.

I (we) acknowledge that I (we) have requested the use of Derbydown, Inc.'s, Hillendale LLC, DDS & Hillendale LLC, horses, tools, equipment and facilities for my (our) own personal use and benefit. I am (we are) aware of and familiar with the risks associated with the use and misuse (by myself or others) of, and exposure to, horses, tools, machinery, equipment and stable/barn conditions. In consideration of the unrestricted use and enjoyment of the horses, tools, equipment and facilities I (we) hereby voluntarily assume all of the risks associated and included but not limited to, using and exposing myself (ourselves) and my (our) horse, tack and equipment to those items and conditions, hereby agreeing to indemnify and hold harmless Derbydown, Inc., Hillendale LLC, DDS & Hillendale LLC, its owners, management and employees, their heirs, executors, administrators and assigns, from and against any and all suits, claims, demands, actions or causes, arising out of the use or misuse of, or exposure to, said items.

I (we) agree that should my (our) horse cause undue damage or destruction to the property, beyond the normal wear and tear that is expected, then I (we) shall be billed and responsible for the charges to repair or replace such property (ie: water bowl and/or feed tub destruction, excessive cribbing or kicking in the stall, barn or trailer).

It is also agreed that the rider will wear an ASTM approved riding helmet and riding boots at all times while mounted.

By signing this document I (we) indicate that I (we) have satisfactory insurance coverage against injury to, or loss of, persons, horses, tack and equipment. I (we) acknowledge that I (we) have read and understood this entire contract and are in agreement with all of its terms.

WARNING
YOU ASSUME THE RISK OF EQUINE ACTIVITIES PURSUANT TO PENNSYLVANIA/FLORIDA LAW.

Derbydown Stables By: _____ Date: ___/___/___

Owner/Rider/User: _____ Date: ___/___/___
Parent or Guardian signature if rider is a minor

PENNSYLVANIA:
340 East Hillendale Road
Kennett Square, PA 19348

FLORIDA:
13265 11th Lane North
Loxahatchee, FL 33470