



Grovespring Farm, LLC Hold Harmless &
Emergency Medical Treatment Release

Pursuant to Virginia Code § 3.1-796.130, the Undersigned acknowledges that there are risks inherent in equine activities, including but not limited to the following:

- (i) the propensity of an equine to behave in dangerous ways which may result in injury to the participant;
(ii) the inability to predict an equine's reaction to sound, movements, objects, persons, or animals; and
(iii) hazards of surface or subsurface conditions.

The undersigned further acknowledges that there are inherent risks in camp activities including but not limited to canoeing and kayaking, hiking, sports, camping, cooking, and other regular camp activities. Such inherent risks are dangerous and may result in serious injury and or death.

I agree to indemnify and hold harmless Grovespring Farm, LLC, its assignees and each employee of Grovespring Farm, LLC, from and against all claims and liabilities including incidental cost and expenses, for injury to or death of any person or persons, or for loss or damage to any property, including any horse, arising from or in any way connected with the performance of services by Grovespring Farm, LLC, its assignees or any employee.

I state that I and (if applicable) my minor (under 18 years) child (children) are fully and appropriately covered by personal medical insurance.

POLICY # \_\_\_\_\_ CARRIER \_\_\_\_\_

I, the undersigned allow Grovespring Farm, LLC, or its representatives, to sign for treatment in any licensed medical facility. I also agree to be financially responsible for all treatment authorized by Grovespring Farm, LLC, or its representatives. I further agree that a clear photocopy of this document shall serve the same purpose as the original.

Minor Child(ren) \_\_\_\_\_
(Please print clearly)

Photo Permission In signing this waiver, I also give permission for my or my child's photo to be used in publications and on the Grovespring Farm web page.

Adult Student \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Phone (h/w/c) (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Authorizing Signature \_\_\_\_\_
(Print & Sign) (Adult/parent or guardian if minor)

Date \_\_\_\_\_