

FORM 1
Adult and Minor (under 18)
(Parents/Legal Guardian of minor must sign for participants under 18)

US Pony Racing Release
REPRESENTATION, ASSUMPTION OF RISK
AND RELEASE AGREEMENT

I, the undersigned race rider, hereby sign the following representation and release in consideration of being permitted in clinics, camps, events, or one or more horse races, including jump races, conducted by United States Pony Racing, LLC (here in after called "USPR event".)

I hereby certify that I fully understand that riding in races and riding or handling horses is inherently dangerous to the participants and that there is serious possibility that I will suffer injury or death as a result of participation. I hereby state that I have been given notice of the risks including, but not limited to, (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 conditions. I expressly agree to assume all the above-described risks and all other risks of riding in and otherwise participating in the races in the races. I certify that I am _____ years of age.

In order to induce that above described USPR event to allow me to participate in such races and events, I represent to the USPR event that I am properly trained and competent to ride in the Maryland State Fair Pony Races without endangering other participants or myself. I further represent that I am responsible for my actions at any time and will provide a safe conveyance without unduly jeopardizing my safety or that of others. This agreement also represents that I will be properly equipped for the endeavor and am solely responsible for the following required equipment: (i) use of currently approved ASTM/SEI helmet, (ii) use of a body protector, (iii) use of a neck strap or yoke, and (iv) use of an overgirth, unless noted otherwise.

As further inducement to the USPR event to allow me to ride in and otherwise participate in such event, I agree to release, hold harmless and fully indemnify the United States Pony Racing, LLC and the MD Jockey Club, as well as all USPR event and MD Jockey Club sites, their committees, committee members, officers, directors, owners, employees, agents, officials and other persons acting on behalf of the USPR events from any and all liability, claims, actions, causes of action or demands, including attorney's fees and costs, that I might otherwise have or assert for any injury or other claim or other matter arising out of or related to my riding in or otherwise participating in these races. I further agree to release, hold harmless and indemnify all demands, including attorney's fees and costs, that I might otherwise have or assert for any injury or other claim or other matter arising out of or related to my riding in or otherwise participating in this USPR event.

And I further waive any and all claims, actions, causes of action or demands that I may now have or which may arise in the future, and further covenant not to sue the above named organizations or persons, including, but not limited to, Regina Welsh, Molly Greene, Katelyn Mosemiller, Win Lewis, Aileen Lisko, Georganne Hale, the employees of the Maryland Jockey Club, the Maryland State Fair, Maryland Horse Breeders, Maryland Million Ltd, and Timonium racecourse for any injury or damages resulting from my participation in this USPR event, the Maryland State Fair Pony Races.

- I agree to allow US Pony Racing to supply my entry with a leader for the Lead Line Trot Race and I hold that leader and US Pony Racing harmless for any incident that may occur during, before, or after the race.
- I agree to allow images of my child and their mount to be used for advertising purposes for the Maryland Jockey Club, Maryland Steeplechase Association, National Steeplechase Foundation and US Pony Racing LLC.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this ____ day of _____.

WITNESS

RIDER SIGNATURE

PARENT SIGNATURE

Name Printed

PARENT NAME PRINTED

Address, City, State Zip

Emergency Contact and Phone Number

Medical Insurance Company and Policy #

Email address