



Athletic Equestrian League
PO Box 595
Plymouth, NH 03264
www.athleticequestrian.com

(Print Name) _____ acknowledge that I am a participant in the Athletic Equestrian League (collectively, the “AEL”) in at least one of the following capacities: volunteer, guest, riding participant, open riding participant, coach, schooling rider or parent volunteer (collectively, a “participant” or “participants”).

As a participant, I further acknowledge that there are inherent risks of personal and property injury associated with horse riding, horse handling, and farm activities in general. In consideration of the AEL granting me the opportunity to act as a participant, I, or my parent or guardian on my behalf, agree to assume all risks of injury and further agree to indemnify and hold harmless the Athletic Equestrian League and all of its employees or agents from any and all liabilities or damages of every kind or nature, which may arise in connection with my activities or presence as a participant in the AEL.

I agree that, in the event of a medical emergency, the employees or agents of the AEL may take any steps they deem necessary under the circumstances, and that I shall be responsible for any costs associated with those steps. I also authorize any licensed physician or medical staff to provide any medical or surgical care they deem medically necessary or advisable under the circumstances.

I further agree to follow all instructions given by the AEL employees or agents and I agree to abide by the Rules of the AEL at all times.

SIGNED: _____ DATE: _____

SIGNED: _____ DATE: _____
(Parent/Guradian if Participant is Under 18)