



Friends of Mount Harmon, Inc.

600 Mount Harmon Lane

P. O. Box 65

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MOUNT HARMON EQUESTRIAN RIDING RELEASE FORM

RIDER: _____ ADDRESS: _____

PHONE: _____ EMAIL: _____

RELEASE: I understand that horseback riding is a high-risk sport and activity, and I am participating at my own risk. I hereby assume the risk, and do hereby release and hold harmless the Friends of Mount Harmon, Inc., and its organizing committees, officers, managers, employees, officials, and volunteers, as well as adjacent landowners providing access to their land and trails, from all liability from participating or negligence resulting from accidents, damage, injury or illness to myself and my property, including the horse I ride.

(Parent or guardian must sign if rider is under 18).

SIGNED: _____ DATE: _____

(Parent or Guardian Signature if under 18)