James W. Moore DBA Prestige Training, LLC 6349 Louisianna Rd. Locust Grove, VA 22508 303-917-1488 prestigetraining@mac.com

I, or the parent or guardian of, the undersigned, do hereby sign the following representation, assumption of risk and release agreement in consideration of being permitted to horseback ride on and to use for other permitted purposes the property, facilities and horses of James W. Moore, Prestige Training, LLC or any landowner or horse owner represented by James W. Moore or Prestige Training, LLC in the Commonwealth of Virginia.

I, or the parent or guardian of participant, hereby certify that I fully understand that horseback riding and the handling of horses is inherently dangerous to the participants and that there is serious possibility that I, or the minor participant I am responsible for, will suffer injury or death as a result of participation. I hereby state that I have been given notice of the risks of equine activities pursuant to section 3.1-796.132 of the Code of Virginia, 1950 amended, including but not limited to:

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

I expressly agree to assume all of the above described risks and all other risks of equine activities.

Tempressity agree to assume an or the above described risks and an other risks of equine determines.
I certify that I am, or the minor I am the parent or the guardian of, is years of age. In order to induce the parties named above to allow me, or minor I am parent or guardian of, to horseback ride on and to use for other permitted purposes that landowner's property facilities and horses, I represent that I am, or that participant I am the parent or guardian of is, properly trained and competent to horseback ride without endangering myself or other people. I further certify that I am, or participant I am parent or guardian of is, currently covered by health insurance written by the following insurance company I will provide proof of such insurance if requested by James W.Moore, Prestige Training, LLC, or any landowner or horse owner represented by James W. Moore or Prestige Training, LLC.
As a further inducement to the above named parties to allow me to horseback ride on or to use landowner's property or horse owner's horse, or facilities, I agree to release, hold harmless and fully indemnify James W. Moore, Prestige Training, LLC, any landowner or horse owner represented by James W. Moore or Prestige Trainiong, LLC, any member of James W. Moore's family including, but not limited to, from all liability, claims, actions, causes of action or demands, including attorneys fees and costs, that I or any other person (including my heirs) might otherwise have or assert for any personal injury, property damage or other claim or other matter arising out of or related to any horse back riding on or otherwise using the property, facilities and horses of James W. Moore, Prestige Training, LLC, or any landowner or horse owner represented by James W. Moore or Prestige Training, LLC
I also waive any and all claims, actions, causes of action or demands that I or my heirs may now have or which may arise in the future, and further covenant that neither I or my heirs will sue James W. Moore, Prestige Training, LLC, any member of James W. Moore's family, or any landowner or horse owner represented by James W. Moore or Prestige Training, LLC for any personal injury, property damage or other claim resulting from my, or the minor I am parent or guardian of, horseback riding on or other wise using the landowner's property, facilities and horses.

I acknowledge and accept that all terms of this agreement extend to my heirs and family.

I agree at all times to comply with the rule of James W. Moore, Prestige Training, LLC, to use an ASTM/SEI certified riding helmet while riding on any landowner's premises represented by James W. Moore or Prestige Training, LLC and use a body protector as required by the U.S. Eventing Association and U.S. Equestrian Federation when schooling cross country.

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In Witness Whereof I have hereu	day of	in the year			
Participant Signature (Parent or	Guardian if under age 18)				
Participant's Name Printed					
Address					
City			State	Zip	
Home Phone	Cell Phone	Email			
Emergency Contact		Phone			