



LiftMeUp!

P.O. Box 104, Great Falls, Virginia 22066
703-759-6221

RELEASE

22ND ANNUAL BENEFIT RIDE

MAY 23, 2009

- **RIDING HELMETS REQUIRED. NO ONE MAY RIDE WITHOUT ONE!**
- **Current Negative Coggins Test required. NO ONE MAY RIDE WITHOUT ONE!**
- **Participants under 16 years of age must be accompanied by an adult.**

Riders may start any time between 10:00 AM and 12:00 PM. Within that time frame, riders may start at any time and ride at their own pace. The trail includes some rocky areas, steep hills, gravel roads, and creek crossings. Depth of water will vary depending on recent rainfall.

In consideration of permission to participate in this special event, I hereby waive and release any and all rights and claims for damages which I may have against Lift Me Up! Foundation (LMUF), the location at which the event will take place, as well as any other person connected with the event, their heirs, executors, successors, administrators, and assignees for any and all injuries which I may suffer for taking part in the event or as a result thereof. **LMUF REQUESTS ALL RIDERS USE PROPER TRAIL ETIQUETTE AND FOLLOW ALL SAFETY RULES. YOU MUST WEAR PROTECTIVE HEAD GEAR.**

Further, participant understands that there are intrinsic dangers of equine activities, including but not limited (i) the propensity of equines to behave in ways that may result in injury, harm, or death to persons on or around them; (ii) the unpredictability of an equine's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; (iii) certain hazards such as surface and subsurface conditions; (iv) collisions with other animals or objects; and (v) the potential of a participant acting in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or not acting within the participant's ability. Further, the Undersigned understands that he/she is responsible for any and all insurance coverage on either his/her horse, property, or his/herself. LMUF does not and will not carry insurance on you or your property, including your horse.

PLEASE PRINT CLEARLY

Rider's Name

Street Address

City, State, Zip code

Telephone Number

Email Address

****Emergency Contact**

Emergency Contact's Telephone Number

Horse's Name

I will be riding with:

I will be carrying a cell phone. The number is:

Rider's Signature & Date

If the rider is under eighteen (18) years of age, the signature of a parent or guardian is required.

Parent/Guardian Signature & Date

Printed Name of Parent/Guardian

Address for Parent/Guardian

Telephone Number for Parent/Guardian



LiftMeUp!

22nd Annual Benefit Ride
Saturday, May 23, 2009

PHOTO RELEASE

CONSENT

I hereby consent to and authorize the use and reproduction by LIFT ME UP! of any and all photographs and any other audiovisual materials taken of me/my son/daughter/ward for promotional printed material, educational activities, and exhibitions or for any other use for the benefit of LIFT ME UP!

Date: _____ Signature: _____
Rider or Parent/Guardian if rider is under 18 years of age

NON-CONSENT*

I hereby DENY consent to and REFUSE to authorize the use and reproduction by LIFT ME UP! of any and all photographs and any other audiovisual materials of me/my son/daughter/ward for any purposes.

Date: _____ Signature: _____
Rider or Parent/Guardian if rider is under 18 years of age

*Riders who do not consent to photos will be asked to wear an arm band to signify non-consent.