

Friends of Mount Harmon, Inc. 600 Mount Harmon Lane P. O. Box 65 Earleville, MD 21919

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MOUNT HARMON HORSEBACK RIDING RELEASE FORM

RIDER:	ADRESS:
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 hearby release and hold harmless	
the Friends of Mount Harmon, Inc., its organizing committee, officers, managers and/or	
employees, officials, and volunteers, as well as adjacent landowners providing access to their	
land and trails, from all liability for 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)