DOMINION VETERINARY SERVICE, P.C.
T/A DOMINION EQUINE CLINIC
EQUINE/LIVESTOCK RELEASE, WAIVER, AND INDEMNIFICATION

The undersigned participant, and his/her parent or legal guardian if the participant is under the age of 18 years, does/do hereby execute this release, waiver, and indemnification for himself/herself/themselves and his/her/their heirs, successors, representatives, and assigns and thereby agree(s) and represents as follows:

To release Dominion Veterinary Service, P.C. T/A Dominion Equine Clinic, its members, employees, agent, representatives, subsidiary corporations and those governmental agencies and other organizations affiliated with this activity from any and all liability, loss, damage, costs, claims, and/or causes of action including but not limited to all bodily injuries and property damage arising out of participation in the activity, it being specifically understood that said activity includes the handling of equine by the undersigned participant. The undersigned person(s) further agree(s) to indemnify the Dominion Veterinary Service, P.C. T/A Dominion Equine Clinic, its employees, members, agents, representatives and those governmental agencies and other organizations affiliated with this project and hold them harmless for any liability, loss, damage, cost, claim judgment or settlement which may be brought or entered against them as a result of the undersigned person’s participation in said activity.

Furthermore, if involved in equine activities pursuant to Section 3/1-796.132 of the Code of Virginia the undersigned(s) execute(s) this waiver of the undersigned(s) rights to sue and agree(s) to assume all risks inherent in equine activities and have notice of all the risks inherent in equine activities including (i) the propensity of equine to behave in dangerous ways which may result in injury to the participant; (ii) the inability to predict an animal’s reaction to sound, movements, objects, persons, or other animals; and (iii) hazards of surface or subsurface conditions.

This waiver shall remain valid from __________________, 20___ through __________________, 20___ and shall remain valid unless expressly revoked by the participant or parent or guardian of a minor. The revocation shall be in writing which shall be delivered to the provider and shall become effective thirty (30) days after it is delivered to the provider.

The undersigned(s) should maintain all medical and health insurance needed to cover all risks of any kind in any place in livestock, equine and/or other activities.

_____________________________      _________________________________       _____________________
Participant’s Name – PRINT                       Signature of Participant                                     Date

_____________________________       _________________________________       _____________________
Parent/Guardian of Participant – PRINT       Signature of Parent/Guardian                               Date
(if participant is under the age of 18 years)

02/25/08