**Externship Release and Hold Harmless Agreement**

1. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned have read and understand, and freely and voluntarily enter into this Release and Hold Harmless Agreement with **Mid-Atlantic Equine Medical Center**, understanding that this Release and Hold Harmless Agreement is a waiver of any and all liability(ies).

2. I understand the potential dangers that I could incur in handling, feeding, caring for said horse; including, but not limited to, any interactions with other horses. Understanding those risks I hereby release **Mid-Atlantic Equine Medical Center**, its officers, directors, shareholders, employees and anyone else directly or indirectly connected with the company from any liability whatsoever in the event of injury or damage of any nature (or perhaps even death) to me or anyone else caused by or incidental to my electing to handle a horse under the care of **Mid-Atlantic Equine Medical Center**.

3. I understand and recognize and warrant that this Release and Hold Harmless Agreement is being voluntarily and intentionally signed and agreed to, and that in signing this Release and Hold Harmless Agreement I know and understand that this Release and Hold Harmless Agreement may further limit the

liability of equine professionals to include any activity, whatsoever, involving an equine including death, personal injury and/or damage to property.

4. I recognize and agree that I know which equine professional(s) I will be working with, and acknowledge that I agree said equine professional(s) has/have made reasonable and prudent efforts to determine my ability to engage in the equine activity, and has/have sufficient knowledge of my equine skills as to relieve, release and hold harmless said equine professional(s) from any continuing duty to monitor my equine activities.

5. I further voluntarily agree and warrant to Release and Hold Harmless this (these) equine professional(s) from any liability whatsoever, including, but not limited to, any incident caused by or related to said equine professional’s (s’) negligence, relating to injuries known, unknown, or otherwise not herein disclosed; including, but not limited to, injuries, death or property damage from: walking; handling; grooming; feeding; use of horse barn/building, paddock, or horse ring, in any capacity; handling said horse whether horse is bucking, flipping, spooked; or my failure to understand any equine professional’s directions relating to my handling or otherwise use and control, or lack thereof, of my horse or the horse I have been assigned to.

**Extern voluntarily entering into this Release and Hold Harmless Agreement**:

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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