

EQUINE BLVD., LLC

I understand that horseback riding and all activities related to horses can be dangerous.

RELEASE OF LIABILITY ★ _____

Initial

Under Massachusetts Law, an equine professional is not liable for an injury to, or the death of a participant. In equine activities resulting from the inherent risk of equine activities, pursuant to Section 2D of chapter 128 of MA general Laws.

I understand that Holly Thompson and/or Equine Boulevard does not insure against of all the possible risks of injury and loss connected with the horse elated activities on the premises.

I understand that injuries can occur due to my own negligence, the negligence of others, or though no fault of any person because of the unpredictable nature of horses.

I herby voluntarily release Holly Thompson, and/or Equine Blvd., it's principals, agents, servants, employees, and assigns from liability for any accident, loss, damage, injury, and/or death occurring to myself, my minor child, my horse (s), and/or any property while in or upon the premises of Holly Thompson and/or Equine Blvd.

I agree to indemnify and hold Holly Thompson and/or Equine Blvd; it's principals, agents, servants, employees, and assigns of any such claims.

By signing this release, I understand that I am giving up, waiving and/or releasing any right I may have to sue Holly Thompson and/or Equine Boulevard, it's principals, agents, servants, employees, and assigns.

I fully understand the consequences of this releases, and am signing the same knowingly and voluntarily.

Email address: _____

EXECUTED THIS _____ DAY OF _____, 20__

PARTICIPANT _____ PARENT _____

If participant is under 18 years of age: _____

Signature _____ Signature _____

Print Name _____ Print Name _____

Address (Street) _____ Address (Street) _____

Town, State, Zip _____ Town, State, Zip _____

Date of Birth _____

Phone _____ Emergency Contact Phone _____

I verify that the applicant is in good health and may participate in physical activities associated with Equine Boulevard's 2015 Riding Program and the vigorous athletic program without any limitation (s).

The Director of this program, has my permission to arrange for and/or provide medical care in the event the applicant is injured or disabled.

SIGNATURE _____ DATE _____