

TRF / EQUINE AFFAIRE BENEFIT RIDE
N. EASTON, MA 02356
****RELEASE OF LIABILITY****

I understand that horseback riding and all activities related to horses/ponies can be dangerous!!
I understand that the organizers of the TRF / Equine Affaire Benefit Ride, their families, their principals, servants, agents, and employees do not insure against all of the possible risks of injury and loss connected with horse/riding related activities.
I understand that injuries can occur due to my own negligence, negligence of others, or through no fault of anyone because of the unpredictable nature of horses/ponies.
I hereby voluntarily assume any and all risk of injury or death while upon the premises of the TRF / Equine Affaire Benefit Ride or anywhere that contact is involved.
I voluntarily release the organizers of the TRF / Equine Affaire Benefit Ride, their families, their principals, servants, agents, and employees for any accident, loss, damage, injury or death occurring to myself, my minor or legal aged child, my horse or any of my property while in or on the premises or away from the premises.
I agree to indemnify and hold harmless the organizers of the TRF / Equine Affaire Benefit Ride, their families, their principals, servants, and agents and assign on account of any such claim.

By signing this release I understand that I am giving up, waving and releasing any and all right that I may have to sue or pursue court action against the organizers of the TRF / Equine Affaire Benefit Ride, their families, their principals, servants, or employees.

*****VALID HEALTH INSURANCE IS REQUIRED BY ALL PARTICIPANTS*****

~ WARNING ~

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 risks of equine activities pursuant to Chapter 28, Section 2D of the General Laws.

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

Executed as a sealed instrument this _____ day of _____, 20__

Rider: _____ Print name: _____

Address: _____ Phone # (____) _____ - _____, (____) _____ - _____

Date of birth: ____/____/____

Parent/Guardian: _____ (if under 18)