

WAIVER AND RELEASE

Name Rider &
Parent _____ Event _____ Date _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Email Address _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ASSENT TO THESE STATEMENTS BY SIGNING WHERE INDICATED.

I, the undersigned, understand and believe that the use, handling and riding of a horse involves a risk of physical injury to any individual undertaking such activities. I further know that any horse, irrespective of its training, usual past behavior and characteristics may act or react unpredictably at any time. With full awareness of the foregoing, I am knowingly participating in lessons taught by Freedom Farm, Inc., and/or boarding my horse or horses with Freedom Farm, Inc. and I voluntarily engage in these activities. The possibility of injury to me or my horse as a result of these activities is accepted as a risk inherent to working on and around horses.

I, the undersigned, understand that horseback riding is a rigorous activity, physically and mentally demanding. I hereby represent that my horse and I have the requisite level of physical fitness and mental alertness to enable us to participate in lessons, boarding and activities in and around the horse facility. Both my horse and I are in good health and free from injury, illness, or other defects which may impair our ability to engage in these activities.

I, the undersigned, recognizing the threat of exposure to tetanus that exists in the presence of livestock, acknowledge my responsibility to obtain inoculation and maintain protection against tetanus, a disease endemic to horses.

I, the undersigned, also understand that riding instruction by its nature requires that the instructor issue direction in the form of "commands", and I understand that, while due deference must be given to such commands; I must and will use my own judgment where the situation demands it. I understand that activities engaged in as part of the instruction are entirely voluntary and that I may elect not to comply with any suggested act. The instructor is entitled to my attentiveness and good faith effort to respond to his directives, but he is not entitled to absolute obedience, and it is expected that I will, at all times, be alert and thinking while on horseback and in and around the stables, paddocks, and other facilities used for the boarding and care of livestock and horses.

I, the undersigned, expressly and voluntarily assume all risks attendant to horseback riding, boarding, and related activities, including but not limited to those discussed in the

foregoing paragraphs, and I do hereby fully and forever release, discharge and hold harmless Freedom Farm, Inc., and all its assistants, assisting instructors and coworkers as (over)

as well as all other participants in the lessons, other boarders and the assigns of same, from any and all claims which I, the undersigned, or my assigns may assert as a result of physical injury to a horse or rider, or loss of property, incurred while a student of Freedom Farm, Inc. and/or boarding my horse or horses with Freedom Farm, Inc..

I, the undersigned, expressly and voluntarily hereby fully and forever release, discharge and hold harmless Freedom Farm, Inc., its assistants, coworkers, employees and assigns from all claims which I, the undersigned, or my assigns, may assert as a result of physical injury to a horse or rider or any individual or loss of property incurred while boarding a horse or horses and/or attending any lesson, show, clinic or any other function and/or use of the stables, arenas, paddocks and any and all of the facilities and property managed by same.

My signature on this form constitutes expression of understanding and agreement to all that is stated above and my total and unconditional release of Freedom Farm, Inc., its assistants, assisting instructors, coworkers, employees, assigns, and all other students and boarders.

Date _____

Signature of Owner/Rider/Participant

Signature of parent or legal guardian on behalf of
minor rider/participant

MEDICAL RELEASE

The undersigned, parents of students, a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or specific instructions of any physician or hospital. It is understood that this consent is given in advance of any specific diagnosis or treatment which may be required, but is given to encourage the Freedom Farms staff hospital staff and such physician to exercise their best judgment as to the requirements of such diagnosis or treatment. The undersigned shall pay all fees for doctors, hospitals, ambulances and other medical charges reasonable and necessarily incurred.

Date _____

Signature of Applicant

Signature of Parent or Guardian (if student is under 18)

Family Physician _____ Phone _____