



## Equestrian Activities Waiver and Release of Liability

In consideration of being allowed to participate in any way in Hidden Brook Farm Equestrian programs, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RESEASEES or other, and assume full responsibility for my participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Pamela Allen-LeBlanc, Pierre LeBlanc, the LeBlanc family, Hidden Brook Solutions, Hidden Brook Farm, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X \_\_\_\_\_  
PARTICIPANT'S SIGNATURE

Date Signed: \_\_\_\_\_

X \_\_\_\_\_  
WITNESS

### *For participants of minority age*

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

X \_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

Date Signed: \_\_\_\_\_

X \_\_\_\_\_  
WITNESS



## Contact Information:

Name of student: \_\_\_\_\_ Age: \_\_\_\_\_ Experience: \_\_\_\_\_

What is your favorite thing about horses?

What do you want to do with your riding? What are your goals?

What is your favorite thing to do or watch about horses?

Who are your favorite natural horsemen?

Parent/Guardian names: \_\_\_\_\_

Phone #: \_\_\_\_\_ Emergency phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Emergency contact: \_\_\_\_\_

Allergies/Health issues: