

# LIABILITY WAIVER

Please Read Carefully

## WARNING

**Under the Michigan equine activity liability act, an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.**

I have requested participation in an equine activity. **I agree** that my participation is subject to the rules and conditions in this release and those specifically set by Friendale, Inc., and where applicable the regulations and requirements of U.S.A. Equestrian, the U.S.E.A., and the U.S.D.F., and/or any other organizational or governing bodies.

**I agree to wear protective headgear when riding. When jumping, I agree to wear protective headgear with a harness attached**, which meets standards currently imposed by U.S.A. Equestrian. **I understand a body protecting vest**, which meets or exceeds current safety standards is strongly recommended when jumping. **I agree to wear a body protecting vest**, whenever jumping any solid or cross country type obstacle or when working at speed, i.e. galloping. **I understand and agree I may be asked to vacate the premise immediately without prior notice**—this includes but is not limited to myself, personal property and horse(s), for any behavior or actions on the part of myself and/or horse(s) which is deemed inappropriate, negligent, and/or dangerous. **I understand and agree my actions and those of my horse(s)** may be prohibited, limited, and/or controlled at any time.

**I understand that riding, handling and/or activities** associated directly or indirectly with horses, including but not limited to Eventing are considered **HIGH-RISK** activities and may be considered an “equine activity” as defined by law. **I understand** that any participation in an “equine activity” subjects me to certain inherent risks associated with the dangers and conditions, which are an integral part of equine activities. **I understand my participation in an “equine activity” is wholly at my own risk.** **I understand** my participation may include but is not limited to riding, boarding, having horses in training, taking lessons, travel to and from equine activities, handling of horses, participation in clinics and observation.

**I accept and understand that my participation subjects me** to inherent risks, dangers and conditions associated with equine activities including but not limited to the propensity of equines to behave in ways which may result in injury, harm or death to humans, other animals or property. Additionally, the unpredictability of equine reactions to sounds, movements, smells, unfamiliar objects, persons, other animals, hazards related to surface and sub surface conditions, collisions with other equines, objects or persons and the potential of another participant to act in a negligent or unskilled manner may contribute to the injury or death of the participant or others.

**I agree to assume responsibility for those risks and I forever release and agree to hold harmless Friendale, Inc.,** its' directors, officers, shareholders, employees, agents, managers, affiliated persons, volunteers, organizers and/or sponsors, the owners of real or personal property, the owners, lessor or lessees of any property upon which an activity may be held, their family, friends, employees and/or associates, U.S. Equestrian, the U.S.E.A., the U.S.D.F. and/or any other organizational body or persons directly or indirectly connected with my participation in an “equine activity” from all liability for negligence resulting in accidents, damage, injury, death or illness to myself and to my property, including the horses(s) which I may ride, own, lease and/or otherwise have in my control.

## I HAVE READ THIS WAIVER PRIOR TO SIGNING

Participant's Name (Print) \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_ hm

City \_\_\_\_\_ wk

State \_\_\_\_\_ Zip \_\_\_\_\_

Allergies or Medical Conditions \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Liability or Medical Policy Number \_\_\_\_\_

In Case of Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Telephone# \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Legal Guardian must sign if participant is under 18 years and wholly assumes all risks.