



# LIVING WELLS FARM

## EQUINE RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

Name:

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Address:

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Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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I hereby enter into this agreement in consideration of my / ability and permission to ride OR use any Horse owned by **LIVING WELLS FARM** Whose address is **282 Allen Road Wells Maine**. IMPORTANT NOTICE BY SIGNING THIS AGREEMENT YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF YOUR RIDING OR USE OF THE OWNER'S HORSE AND/OR PARTICIPATION IN EQUINE ACTIVITIES AT **LIVING WELLS FARM**, INCLUDING INJURY, DEATH, OR PROPERTY DAMAGE ARISING OUT OF THE NEGLIGENCE OF YOU OR **LIVING WELLS FARM**.

READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOUR UNDERSTANDING OF AND AGREEMENT TO ITS TERMS. By signing this form, I hereby acknowledge on behalf of myself that I have familiarized myself with the activities that I will be allowed to participate in, and that I do hereby acknowledge and agree that I will participate in these activities without restriction or limitation. I recognize the inherent risks involved in riding and working with horses, including but not limited to:

- Bites, kicks, abrasions or contusions from horses.
- Being thrown or bucked off by horses.
- Scratches or other injury from stalls or enclosures.
- Scratches or other injury from grooming tools and other equine equipment and tack.
- Allergic reactions to animals, hay, or other allergens.
- Tripping in holes or on materials or equipment.
- Slipping, falling, or otherwise being injured in the barn, in stalls, or on the grounds, which can be slippery, muddy, wet, or contain or present other hazards.

(Initial) \_\_\_\_\_

I hereby specifically forever waive and release **LIVING WELLS FARM** and its principals and agents from any liability for injury arising out of the inherent risks from riding, working or participating in a stable environment and/or with horses, as well as from the active negligence of **LIVING WELLS FARM**, its principals and agents.

(Initial) \_\_\_\_\_

By signing this agreement I hereby acknowledge that although there may be supervision during my time spent at **LIVING WELLS FARM**, there will not be a nurse on the premises and **LIVING WELLS FARM** and its principals and agents bear no responsibility for my health or medical care. I agree to indemnify, save and hold harmless **LIVING WELLS FARM** and its principals and agents from and against any loss, liability, damage, attorneys' fees, or costs that they may incur arising out of or in any way connected with either my presence or participation at **LIVING WELLS FARM** or any acts or omissions of **LIVING WELLS FARM** principals or agents. By signing this Agreement, and by initialing the paragraph below, I hereby acknowledge my complete understanding, agreement and consent to my presence and/or participation in the activities at **LIVING WELLS FARM**, without restriction, without liability to **LIVING WELLS FARM**, its principals or agents, and with full knowledge and understanding of the disclosures, waivers, and releases herein.

(Initial) \_\_\_\_\_

If I am present at and participate in the activities of **LIVING WELLS FARM** I do so at my own risk, and I hereby acknowledge and agree that **LIVING WELLS FARM** and/or any of its principals and agents shall bear no responsibility or risk associated with injuries that could arise from my presence or participation at **LIVING WELLS FARM**.

Does Living Wells Farm have permission to contact you for future events? Y / N

Does Living Wells Farm have permission to use your photo on social media or printed material for promotional purposes? Y / N

Printed Name: \_\_\_\_\_

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

Participant's Signature:

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