

## Friendship Field Farm, LLC Release

**Rider's Name:** \_\_\_\_\_

### **ACKNOWLEDGEMENT OF RISK**

I understand and acknowledge that working with and riding horses bears certain risks, known and unknown, anticipated and unanticipated. I acknowledge that my/my child's participation in this activity is purely voluntary and that I elect to participate in this activity in spite of the risks.

### **RELEASE**

I hereby voluntarily release and forever discharge Friendship Field Farm, LLC, its instructors, officers, owners, agents, employees, heirs, invites, and all other persons or entities from any and all liability, claims, demands, penalties, costs, damages, injuries, actions, or rights of actions which are related to, arise out of, or are in any way connected with my/my child's participation in this activity, including specifically but not limited to negligent acts or omissions of Friendship Field Farm, LLC, its instructors, officers, owners, agents, employees, heirs, invites, and all other persons or entities. I also agree to hold harmless and indemnify Friendship Field Farm, LLC, its instructors, officers, owners, agents, employees, heirs, invites, and all other persons or entities from any and all defense costs, including attorney fees, or from any costs incurred in connections with claims for bodily injury or property damage which I/my child may negligently or intentionally cause to any third parties.

In signing this document I fully recognize, promise, and agree for myself/my child, my/our heirs, executors, successors, administrators, and assigns, that if anyone is hurt or property damaged while I am engaged in this activity, I will have no rights to make a claim or file a law suit against Friendship Field Farm, LLC, its instructors, officers, owners, agents, employees, heirs, invites, and all other persons or entities even if any of them acted negligently.

### **PARTICIPANT INSURANCE**

I understand and acknowledge that no medical insurance benefits will be provided to me during this activity. I certify that I have sufficient health, accident and liability insurance, or that I am capable of personally paying for any bodily injury or property damage I/my child may incur or that I/my child may cause to a third party while participating in this activity.

**My signature below indicates that I have read this entire document, understand it completely, and agree to be bound by its terms.**

Signature of  
Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of  
ParentGuardian: \_\_\_\_\_ Date: \_\_\_\_\_

