



SEAPONY FARM

General Liability Release

The undersigned is aware that all activities involving horses including but not limited to riding, driving, grooming, leading or events involving horses pose many inherent dangers, risks and hazards including but not limited to bodily injury and physical harm to rider, groomer, leader, handler, side walker, photographer, spectator and/or helper. I (the undersigned) freely and fully assume all such risks, dangers, and hazards and the possibility of injury, death, property damage or loss resulting from such risks, dangers and hazards.

I Hereby Agree As Follows:

(initial each number to indicate that you have read, understand and agree)

_____ **1.** To assume and accept all risks, dangers and hazards in connection with my use or my minor child's or ward's use of the facilities at Nantucket Therapeutic Equestrian Center, Inc. or Seapony Farm or any off site activities sponsored by Nantucket Therapeutic Equestrian Center, Inc. or Seapony Farm.

_____ **2.** To waive any and all claims that I may have against Nantucket Therapeutic Equestrian Center, Inc. or Seapony Farm and the property owners as a result of my, my minor child or ward's use of the facility or participation in any off site activity sponsored by Nantucket Therapeutic Equestrian Center, Inc. or Seapony Farm.

_____ **3.** To release Nantucket Therapeutic Equestrian Center, Inc. or Seapony Farm, it's employees, board of director members, volunteers, spectators, clients, property owners and all people involved with Nantucket Therapeutic Equestrian Center, Inc. or Seapony Farm from any and all liability, rights of action, or causes of action arising out of contract, tort or otherwise for any loss, damage, injury or expense that I, my minor child or ward, next of kin of myself, my minor child or ward, may suffer or incur as a result of use of the facilities or participation in off site activities sponsored by Nantucket Therapeutic Equestrian Center, Inc. or Seapony Farm due to any cause whatsoever.

_____ **4.** The undersigned agrees to hold harmless and indemnify Nantucket Therapeutic Equestrian Center, Inc. or Seapony Farm, and any employees, volunteers, board of director members, spectators, clients and or property owners from any and all liability for personal injury, property damage or death suffered by myself, my minor child or ward or by a third party as a result of use of and/or presence at the facility or off site activities sponsored by Nantucket Therapeutic Equestrian Center, Inc. or Seapony Farm.

_____ **5.** That, in the event of my, my minor child or ward's injury or death, this release and indemnity agreement shall be effective and binding upon mine and my minor child or ward's heirs, next of kin, executors, administrators and assigns in relation to Nantucket Therapeutic Equestrian Center, Inc. or Seapony Farm, it's property owners and any and all people involved.

Adult: I acknowledge that I have read and understood this release and indemnity. I am at least 18 years of age and am aware that by signing this document, I am affecting legal rights and liabilities of myself, my heirs, next of kin, executors, administrators, and assigns in relation to Nantucket Therapeutic Equestrian Center, Inc. or Seapony Farm, its' property owners and any and all people involved.

Date: _____ Name: _____ *(print legibly)*

Signature: _____

Witness: _____

Minor or Ward: I acknowledge that I have read and understood this release and indemnity. I am 18 years of age or older. I have the authority as the parent or legal guardian of

_____ *(print legibly)*

to sign and release on behalf of the minor/ward so that the minor/ward may participate and use the facilities offered by Nantucket Therapeutic Equestrian Center, Inc. or Seapony Farm. I am aware that by signing this document, I am affecting legal rights and liabilities of the minor/ward, his/her heirs, next of kin, executors, administrators, and assigns in relation to Nantucket Therapeutic Equestrian Center, Inc. or Seapony Farm, its' property owners and any and all people involved.

Date: _____ Name: _____ *(print legibly)*

Signature: _____

Witness: _____

