

WINDFLOWER FARM LIABILITY RELEASE

(ASSUMPTION OF RISK AND COVENANT TO INDEMNIFY)

I, the undersigned hereby acknowledge and state that I know and am aware that all horses at 14 Breezy Point Road, Acton, Massachusetts, known as Windflower Farm, whether privately boarded or used for riding instruction may vary in spirit, and subject to being startled, frightened, and loss of control which may result in a horse throwing off their riders, and/or knocking into its riders while riders are on the ground. Horses on the premises are used to teach horsemanship to persons with varying amounts of experience and because of their weight, strength and natural functions may create conditions in and on the stable, riding areas, and adjacent areas which are dangerous to persons thereon; and I hereby assume the risk of injury and damage there from as well as from all the conditions attendant thereupon as well as from all conditions attendant thereupon as a conditions to admission to the said facilities, said premises, adjunct training areas, and the use of horses and in therewith and apart from.

I, the undersigned do hereby further agree to indemnify and hold Windflower Farm, Ainslie S. Brennan and James T. Engell, its or their instructors, agents and servants, harmless from any and all claims arising out of my presence on the property, adjunct areas resulting from my admission into the riding stable, riding areas, and from my riding any horses furnished by me or to me in connection with said facilities or incidental thereto or the use of said premises and horses apart from the said course.

I hereby state under the pain and penalties of perjury that I have read this document in complete detail, understand the consequences thereof, and execute the instrument knowingly and voluntarily as a sealed instrument this \_\_\_\_\_ (day) of \_\_\_\_\_ (month) \_\_\_\_\_(year).

**Warning:** Under Massachusetts Law, an equine professional is not liable for an injury to, or the death of, a participation in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 128, Section 2D of the General Laws.

Signature: \_\_\_\_\_ (parent signature if minor)

Print: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_ Phone: \_\_\_\_\_

## Medical Authorization

In the event that the above named Student requires medical treatment due to any accident or injury which may occur in connection with any activities at Windflower Farm, or of the staff/instructors of Windflower Farm, and its owners are hereby given full authority to engage in any necessary emergency medical service for the above named Student including the administration of anesthesia, in the event the Student is not able to act for himself/herself (or in the absence of a Parent or Guardian).

I, the above named Student, am allergic to the following medications. (If none, so state)

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Student name/Parent or Guardian if under 18: \_\_\_\_\_