



Equine Insight LLC

509 East Pond Meadow Road Westbrook, CT 06498

EquineInsight@gmail.com (860) 510-2262

EQUINE RELEASE, WAIVER, AND INDEMNIFICATION

The undersigned Participant, and his or her parent or legal guardian (if the participant is under the age of 18 years), does/do hereby execute this Release Waiver and Indemnification for himself or herself/themselves and his or her/their heirs, successors, representatives, and assigns, acknowledges the inherent risk involved in riding and working around horses, which risks include bodily injury from using, riding or being in close proximity to horses among other risks, and further that both horse and rider can be injured in normal use or in competition and schooling.

In consideration for the privilege of riding and working around horses with Equine Insight LLC, the undersigned Participant does hereby agree to hold harmless and Indemnify and further Release the Equine Insight LLC, Kristin Elliott Leas, its members, employees, agents, representatives, and those governmental agencies and other organizations affiliated with this activity from any and all liability, loss, damage, costs, claims and/or causes of action, including but not limited to all bodily injuries and property damage arising out of participation in the activity, it being specifically understood that said activity includes the handling of equines by the undersigned Participant or responsibility for accident, damage, injury or illness to Undersigned or any horse owned by me or to any family member or spectator accompanying the Undersigned on premises used by Equine Insight LLC.

I fully understand that horseback riding and being or working around horses are very dangerous activities. I execute this Waiver of my rights to sue and agree to assume all risks inherent in equine activities and have notice of all risks inherent in equine activities including (1) the propensity of an equine to behave in dangerous ways which may result in injury to the participant (2) the inability to predict an equine's reaction to sound, movements, objects, persons or animals, and (3) hazards of surface or subsurface conditions and riding over unknown terrain where hazards may be hidden by vegetation or development. I wish to participate in these activities knowing they are dangerous.

IN EXCHANGE FOR BEING PERMITTED TO PARTICIPATE IN THESE ACTIVITIES, FOR MYSELF, MY HEIRS, SUCCESSORS, REPRESENTATIVES, ASSIGNS AND LEGAL REPRESENTATIVES, I RELEASE AND AGREE NOT TO MAKE OR BRING ANY CLAIM OF ANY KIND AGAINST OFFICERS, DIRECTORS, MEMBERS, EMPLOYEES, OR GUESTS OR ANY LANDOWNERS, OR THE PERSONS MAKING PROPERTY AVAILABLE FOR ANY INJURY (INCLUDING DEATH), TO ME OR ANY DAMAGE TO MY PROPERTY WHETHER FROM ANYONE'S NEGLIGENCE OR NOT, OR ANY OTHER CAUSE, ARISING OUT OF MY PARTICIPATION IN THESE DANGEROUS HORSEBACK RIDING, CROSS COUNTRY HORSEBACK RIDING, OR RELATED ACTIVITIES; AND I ALSO AGREE IF ANYONE MAKES ANY CLAIMS BECAUSE OF ANY INJURY TO ME (INCLUDING DEATH), OR FOR ANY DAMAGE TO MY PROPERTY, I WILL KEEP ALL THOSE RELEASED BY THIS AGREEMENT FREE OF ANY DAMAGES OR COSTS BECAUSE OF THOSE CLAIMS.

FURTHERMORE, MY SIGNATURE HEREBY INDICATES MY AGREEMENT TO WEAR AN ASTM/SEI APPROVED HARD HAT AND APPROPRIATE BOOTS AT ALL TIMES WHILE RIDING WITH EQUINE INSIGHT LLC AND TO OBEY ALL RULES SET FORTH BY EQUINE INSIGHT LLC.

Print Name _____ Date _____

Phone _____ Cell _____

Address _____ Town _____ State _____ Zip _____

Email _____

Signature of Participant _____

Signature of Parent or Legal Guardian for those under 18 years of age _____