

**THIS IS A RELEASE OF LIABILITY.
PLEASE READ IT CAREFULLY BEFORE SIGNING.**

VOLUNTARY RELEASE AND INDEMNITY AGREEMENT

1. Voluntary Participation I, (Participant, Parent or Guardian's Name)

_____ acknowledge that I have voluntarily applied to participate in horseback riding and training (which shall also include handling, grooming, jumping and other activities "horseback riding") offered by Shannon Dalton, located at 382 Bailey Hill Road, Poland, ME.

2. Assumption of Risk I UNDERSTAND THAT HORSES AND PONIES ARE UNPREDICTABLE AND DANGEROUS, THAT HORSEBACK RIDING IS A HAZARDOUS ACTIVITY AND THAT THERE IS INHERENT DANGER TO ME, THE HORSE AND EQUIPMENT INVOLVED IN THAT ACTIVITY. I HAVE INSPECTED THE AREA WHERE THE HORSEBACK RIDING WILL BE CONDUCTED. I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF DAMAGES, INJURY, OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: (Participant, Parent or Guardian's initials) _____

3. No Representation or Warranties I acknowledge that SHANNON is making any representation, warranties or guaranties with respect to any training provided to me, and I hereby waive all remedies, warranties, guaranties or liabilities, expressed or implied, with respect to any training provided to me, arising by law or otherwise.

4. Release, Discharge and Covenant Not to Sue As consideration for being permitted by SHANNON DALTON to participate in these activities and to use the facilities at 382 BAILEY HILL ROAD, POLAND.

5. Barn Rules and Cancellation Policies I have read and agree to abide by the Barn Rules. My course schedule will be scheduled each week. I will be responsible for calling SHANNON DALTON with any changes or cancellations, or if I no longer want to continue the course before the end date (Participant, Parent or Guardian's initials) _____

I HAVE CAREFULLY READ THIS VOLUNTARY RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS. I UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS. I ASSUME ALL RISKS RELATED TO MY PARTICIPATION IN THE TRAINING. I HAVE EXECUTED THIS RELEASE VOLUNTARILY, EVIDENCING MY ACCEPTANCE OF THE ABOVE PROVISIONS.

(Signature of Participant, Parent or Guardian)

We, _____ and _____, are the parents or legal guardian(s) of _____. We confirm that we have read the foregoing Voluntary Release and Indemnity Agreement and understand its contents. We understand that it is a release of all claims. We assume all risks related to our child's participation in the horseback riding or training. We expressly agree that the terms and conditions of the Voluntary Release and Indemnity Agreement shall apply to and be binding upon us and our minor child in all respects insofar as it pertains to his or her participation and to any injury, death, damages or property damage our child may sustain or cause as a result of such participation. We hereby authorize SHANNON DALTON to initiate emergency first aid treatment for our child in the event of an accident. We also hereby authorize any and all necessary emergency medical treatment by professional medical personnel in such event. We warrant that we have a current homeowner's policy with STATE FARM INSURANCE.

PARTICIPANTS UNDER 18 YEARS OF AGE MUST HAVE THE FOLLOWING SIGNED BY THEIR PARENTS OR LEGAL GUARDIAN(S):

Date: _____

(signature: Parent/Legal Guardian)

PARTICIPANT/PARENT COPY

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SHANNON DALTON COPY