

Triple C Stable LLC

4 Mclean Drive South Berwick, ME 03908

triplecstable@gmail.com

www.triplecstable.com

Equine Release & Waiver of Liability, Assumption of Risk, & Indemnity Agreement

Name: _____

Address: _____

Telephone: _____

Email: _____

I hereby enter into this agreement in consideration and permission to participate, ride, rent, use or volunteer at Triple C Stable LLC of 4 McLean Drive South Berwick, Maine.

Initials _____

IMPORTANT NOTICE

BY SIGNING THIS AGREEMENT, YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING BUT NOT LIMITED TO, THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH, AND/OR PROPERTY DAMAGE ARISING OUT OF YOU OR YOUR CHILD'S RIDING AND/OR USE OF THE OWNER'S HORSE AND/OR PARTICIPATION IN EQUINE ACTIVITIES AT *Triple C Stable LLC, 4 McLean Drive South Berwick, Maine*. PLEASE CAREFULLY READ THIS AGREEMENT BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOUR UNDERSTANDING AND AGREEMENT TO ITS TERMS.

By signing this form, I hereby acknowledge on behalf of myself and/or my child that I have familiarized myself with the activities he/she will be allowed to participate in, and I do hereby acknowledge and agree he/she/we will participate in these activities without restriction or limitation. I recognize the inherent risks involved in riding and working with horses, including but not limited to:

- ❖ Bites, kicks, abrasions, or contusions from horses.
- ❖ Being thrown, bucked off, or stepped on by horses.
- ❖ Scratches or other injury from stalls, enclosures, grooming tools, and/or other equine equipment and tack.
- ❖ Allergic reactions or illness due to animals, hay, and/or other allergens.
- ❖ Tripping due to equipment, holes, and/or materials.
- ❖ Falling, slipping, or otherwise being injured in the barn, stalls, or the grounds of Triple C Stable LLC, which can be muddy, slippery, or wet due to weather or other hazards.

I hereby specifically forever waive and release Triple C Stable LLC and its principals and agents from any liabilities for injury arising out of the inherent risks from riding, working, or participating in a stable event and/or with horses, as well as from negligence of Triple C Stable LLC.

By signing this agreement, I hereby acknowledge there will not be medical personnel on the premises Triple C Stable LLC principals and agents bear no responsibility for myself or my child's health or medical care.

I agree to indemnify, save and hold harmless Triple C Stable LLC and its principals and its agent from and against any loss, liability, damage, attorneys' fees, or participation at Triple C Stable LLC or any acts or omissions of principals or agents of Triple C Stable LLC.

Initial _____

By signing this agreement and initialing the paragraph below, I hereby acknowledge my complete understanding, and being of sound mind, agree and consent to my activities at Triple C Stable LLC, without restriction, without liability to Triple C Stable LLC, its principals or agents, and with full knowledge and understanding of the disclosures, waivers, and release herein.

Initials _____

If myself and/or my child or I are present and participate in the activities at Triple C Stable LLC, we do so at our own risk, and I hereby acknowledge and agree Triple C Stable LLC and/or any of its principals and agents shall bear no responsibility or risk associated with injuries arising from me or my child's presence or participation at Triple C Stable LLC.

Parent/ Guardian's Signature: _____ Date: _____

Parent/ Guardian's Printed Name: _____

Relationship to Participant: _____

Printed Participant's Name _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Medical information

Preferred hospital: _____

Participant's doctor and phone number : _____

Insurance: _____

Please list any allergies or medical concerns the participant may have: Initial _____

Lesson Date and Time _____ Summer Camp _____

Truck in- Date and Time _____

Birthday Party Date and Time _____

Deposit _____ Date _____

Non-Refundable if less than 24 hour Notice

MC/Visa Exp V/C paypal Initial _____

Arrival Date _____ Departure Date _____