

Harmony Horse Stables LLC

2 TROT ROAD • POBOX 2141 • LITTLETON, MA 01460

Voice 978-486-8360

Fax 978 -486-8254

Email: bette@harmonyhorsestables.com

Web: harmonyhorsestables.com

Authorization Form

Release

I, the student, (or parent or guardian) recognizes the inherent risks of injury involved in horseback riding generally, and in learning to ride in particular. In taking lessons at Harmony Horse Stables LLC, I assume any and all such risk of injury and further, I voluntarily release Harmony Horse Stables LLC, its owners, instructors, employees, and agents from any and all responsibility on account of injury I (or my child or ward) may sustain while on the premises of Harmony Horse Stables LLC, and I agree to indemnify and hold harmless Harmony Horse Stables LLC, its owners, instructors, employees and agents of account of any such claim.

Signature (student/Guardian): _____

Date: _____

Warning

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

Medical Authorization

In the event that the above named student requires medical treatment on account of any accident or injury which may occur in connection with any activities at Harmony Horse Stables LLC or of the staff/instructors of Harmony Horse Stables LLC, and its owners are hereby given full authority to engage any necessary emergency medical services for the above named student including the administration of anesthesia, in the event that the student is not able to act for himself/herself (or the absence of a parent or guardian).

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

I/We have read the LESSON PROGRAM APPLICATION, RIDING WAIVER, SAFETY RULES, PACKAGE AND CANCELLATION POLICY and AUTHORIZATION FORM carefully and fully understand the contents of these documents. I/We agree to the contents of these documents.

Student Name: _____

Address: _____

Phone Number: _____

Email: _____

Signature (student/Guardian): _____

Harmony Horse Stables LLC

For Horse, Rider and Family

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Riding Waiver

Rider's Name: _____

Rider's Age: _____

Indemnification

The rider and/or guardian agrees to fully indemnify and hold harmless the riding instructors, Harmony Horse Stables LLC, any of its officers, owners, employees, invitees, operators of its premises or other members of such activities from and against all claims, demands, penalties, actions, losses, costs, damages, injuries, liabilities and obligations, including but not limited to, any and all attorney fees, of whatever kind and nature which may be incurred by or asserted against any of them as result of any act, or neglect by the student rider.

Limitations of Liability

The parties executing this form, for themselves, their heirs, executors, administrators, successors, and assigns, release and forever discharge the riding instructors, Harmony Horse Stables LLC, any of its officers, owners, employees, invitees, operators of its premises or other members of such activities from and all damages resulting from or due in whole or part to any acts, failure to act, negligence or neglect of other riders, the riding instructors, Harmony Horse Stables LLC any of its officers owners, employees, invitees, operators of its premises or other members of the facilities.

Warning

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Executed in duplicate in Littleton, MA this _____ day of _____, 20 ____.

Student Name: _____

Address: _____

Phone Number: _____

Email: _____

Signature (student/Guardian): _____

Harmony Horse Stables LLC

For Horse, Rider and Family