



9914 Vergennes
Lowell, Michigan 49331

(616) 446-6968

RELEASE

The undersigned (“**Participant**”) affirms that s/he is eighteen years of age or older and has the right to contract in his/her own name or the undersigned signatory to this Waiver and Liability Release (“**Release**”) affirms that s/he is the Parent or Legal Guardian (“**Guardian**”) of the minor listed below (“**Minor**”) and that such Minor is fully bound by the terms of this Release. Participant and Minor’s Guardian, if participant is a minor, agree as follows:

Participant and Minor’s Guardian and their personal representatives, heirs, and next of kin (collectively, the “**Releasor**”), release from, waive and covenant not to sue Meadowview Farm, Inc. or Hillary Johnson and Peter Rykowski (collectively “**Farm**”) and any of the Farm’s directors, officers, employees, promoters, sponsors, advertisers, coaches or instructors, lessors and lessees (collectively, the “**Released Parties**”) for any and all claims, actions, liability, damage, cost or expense (including court costs and reasonable attorneys’ fees) of whatever nature and by whomever asserted, whether caused by the negligence of Released Parties or otherwise, with respect to any injury, disability, death, loss or damage to person or property, arising out of and connected with, the use of the Farm property or participation in any of the Farm’s activities.

Participant and Minor’s Guardian assume full responsibility for and risk of bodily injury, death or personal or property damage due to all dangerous activities and conditions, including, without limitation, all risks inherent in participation in riding horses and being near horses. Participant and Minor’s Guardian fully understand the risks and dangers associated with participation in recreational equine activities, which risks include, but are not limited to, (i) the unpredictability of the horse, (ii) collisions with other horses or objects, (iii) certain hazardous surface conditions, or (iv) injury or death, among others.

Participant and Minor’s Guardian affirm that s/he or Minor is in good mental and physical fitness for any recreational activities in which s/he or Minor may engage. Participant and Minor’s Guardian affirm s/he or the Minor will use the appropriate safety equipment, including but not limited to helmets and other protective gear, when engaging in recreational activities. To the extent allowed by applicable law, Releasor agrees to indemnify the Released Parties and each of them from any loss, liability, damage or cost and all claims which may be brought against any of the Released Parties in connection with Participant’s or the Minor’s use of the Farm’s facilities or real property or related to participation in horseback riding or the sport of polo at the Farm’s facilities.

Releasor agrees that this Release is intended to be as broad and inclusive as permitted by the laws of Michigan and that if any portion of this Release is held invalid, it is agreed that the balance will continue in full legal force and effect. Releasor further releases all officials and professional personnel from any claim whatsoever on account of first aid, treatment or service rendered them during participation in an activity, or any event conducted at any facility operated by the Farm.

I further state that I have carefully read the above Release and know the contents of the Release and sign this Release as my own free act. This Release contains the entire agreement between the parties to this Release and the terms of this Release are contractual and not a mere recital. This Release is also given on behalf of the following minors:

Minor’s Name: _____

Participant’s Name (or name of Parent/Guardian of Minor): _____

Signature

Printed Name

Date: _____

WARNING

UNDER THE MICHIGAN EQUINE ACTIVITY LIABILITY ACT, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN AN EQUINE ACTIVITY RESULTING FROM AN INHERENT RISK OF THE EQUINE ACTIVITY.



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(616) 897-9944

CONTACT INFORMATION

Please provide use with the following information:

Please Print Name

Date

Address City State Zip Code

Email

Birth date

Parent/Guardian

Parent/Guardian Phone

Family Physician

Physician's Phone

First Person to Contact in an Emergency
If not the Parent/Guardian listed above

Phone

Person on or near the Meadowview Farm to also
Contact in an Emergency

Phone