

LIL' BARNYARD LIABILITY FORM

EQUINE RELEASE AND WAIVER OF LIABILITY,
ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

Name : _____ Date of birth: _____

Address: _____

Telephone: _____

Email Address: _____

I hereby enter into this agreement in consideration of my / ability and permission to ride OR use any Horse owned by **Katelyn Guillemette (Lil' Barnyard) or Sandra & Joseph Guillemette of Walnut Acres Farm(Owner)**

("Owner") Whose address is 198 High St. Sanford, ME

IMPORTANT NOTICE

BY SIGNING THIS AGREEMENT YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF YOUR RIDING OR USE OF THE OWNER'S HORSE AND/OR PARTICIPATION IN EQUINE

ACTIVITIES AT **Katelyn Guillemette (Lil' Barnyard) or Sandra & Joseph Guillemette of Walnut Acres Farm(Owner)**

INCLUDING INJURY, DEATH, OR PROPERTY DAMAGE ARISING OUT OF THE NEGLIGENCE OF YOU OR **Katelyn Guillemette (Lil' Barnyard) or Sandra & Joseph Guillemette of Walnut Acres Farm(Owner)**

READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOUR UNDERSTANDING OF AND AGREEMENT TO ITS TERMS.

By signing this form, I hereby acknowledge on behalf of myself that I have familiarized myself with the activities that I will be allowed to participate in, and that I do hereby acknowledge and agree that I 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 or bucked off by horses.

Scratches or other injury from stalls or enclosures.

Scratches or other injuries from grooming tools and other equine equipment and tack.

Allergic reactions to animals, hay, or other allergens.

Tripping in holes or on materials or equipment. Slipping, falling, or otherwise being injured in the barn, in stalls, or on the grounds, which can be slippery, muddy, wet, or contain or present other hazards.

(Initial) _____

I hereby specifically forever waive and release **Katelyn Guillemette (Lil' Barnyard) or Sandra & Joseph Guillemette of Walnut Acres Farm(Owner)** and its principals and agents from any liability for injury arising out of the inherent risks from riding, working or participating in a stable environment and/or with horses, as well as from the active negligence of **Katelyn Guillemette (Lil' Barnyard) or Sandra & Joseph Guillemette of Walnut Acres Farm(Owner)** , its principals and agents.

(Initial) _____

By signing this agreement I hereby acknowledge that although there may be supervision during my time spent at **Katelyn Guillemette (Lil' Barnyard) or Sandra & Joseph Guillemette of Walnut Acres Farm(Owner)** there will not be a nurse on the premises and **Katelyn Guillemette (Lil' Barnyard) or Sandra & Joseph Guillemette of Walnut Acres Farm(Owner)** and its principals and agents bear no responsibility for my health or medical care. I agree to indemnify, save and hold harmless **Katelyn Guillemette (Lil' Barnyard) or Sandra & Joseph Guillemette of Walnut Acres Farm(Owner)** and its principals and agents from and against any loss, liability, damage, attorneys' fees, or costs that they may incur arising out of or in any way connected with either my presence or participation at **Katelyn Guillemette (Lil' Barnyard) or Sandra & Joseph Guillemette of Walnut Acres Farm(Owner)** or any acts or omissions of **Katelyn Guillemette (Lil' Barnyard) or Sandra & Joseph Guillemette of Walnut Acres Farm(Owner)** principals or agents.

By signing this Agreement, and by initialing the paragraph below, I hereby acknowledge my complete understanding, agreement and consent to my presence and/or participation in the activities at **Katelyn Guillemette (Lil' Barnyard) or Sandra & Joseph Guillemette of Walnut Acres Farm(Owner)** without restriction, without liability to **Katelyn Guillemette (Lil' Barnyard) or Sandra & Joseph Guillemette of Walnut Acres Farm(Owner)**, its principals or agents, and with full knowledge and understanding of the disclosures, waivers, and releases herein.

(Initial) _____

Emergency Contact Information:

Name of _____
Contact: _____ Relationship: _____
Phone Number: _____

In the event of an emergency

Do we have permission to call an ambulance for transport to the nearest hospital? YES NO

Transportation may be to Goodall Hospital in Sanford, ME OR MaineHealth Medical Center Biddeford, ME

Your emergency contact will be notified of the emergent location in the event a parent or legal guardian is unable to be reached via telephone.

REQUIRED ATTIRE!

Boot with a 1" heel(Rain boots, Paddock boots, field boots, ect...) Initial_____

A helmet must be worn at all times when handling any animals on our property. Initial:_____

Shirts and pants must be properly fitted so as not to distract or become tangled or torn while working on or around horses.

SIGN HERE STATEING YOU FULLY UNDERSTAND RISKS AND TERMS STATED ABOVE:

Parent/ Guardian(If rider is under 18yo): _____ Date:_____

Student Signanture:_____

Trainer signature:_____

Date of agreement:_____