



GRAZING FIELDS FARM, INC.
201 Bournedale Road
Buzzards Bay, MA 02532
(508) 759-3763

Agreement for Release, Indemnity & Waiver of Liability for

(Rider Name): _____ **Date:** _____

I request permission to participate in horseback events, riding and training on the property known as Grazing Fields Farm, Inc.

I fully understand that horseback riding (which may include riding over fences, other obstacles, and steep and rough terrain) is a very dangerous activity. I wish to participate in this activity knowing it is dangerous. I accept and assume all the risks of injury (including death) to my property or me. **Warning: Under Massachusetts Law, an equine professional is not liable for an injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities. Pursuant to section 2D chapter 128 of the General Laws**

I wish to allow my child to participate in this activity knowing it is dangerous. I accept and assume all the risks of injury (including death) to my child or my child's or my property. I represent and warrant that I have authority to give this release. In exchange for being permitted to participate in this activity, for my children, heirs, my guardians, legal representatives, and myself I release and agree not to make or bring any claim of any kind against Grazing Fields, Farm, Inc., or it's owners, guests or invitees or any landowners, landholders, holder of easements or other persons making property available, for any injury (including death), to me or any damage to my property whether from anyone's negligence or not, or any cause, arising out of my participation in horseback riding and related activities, which I acknowledge to be very dangerous. The inherent risks include, but are not limited to, the propensity of equines to behave in ways such as running, bucking, hitting, kicking, biting, stumbling, rearing, falling or stepping on, that may result in an injury, harm or death to persons on or around them.

I hereby agree to indemnify Grazing Fields, Inc., for any and all claims which may be brought against Grazing fields, Inc., by third parties or anyone in my behalf, including but not limited to agents, assignees or subrogates, arising out of my participation in equine activities at Grazing Fields, Inc. I further agree to pay any and all defense costs that Grazing Fields, Inc., incurs as a result of defending such claims.

I have read and understand the above Release of Liability.

Date Signature/Guardian (If under 18 years old) Print

Relationship to Rider if not Self: _____

Address City State Zip Code

Home Telephone # Cell # Email Address

Emergency Contact Telephone #