

FOLLY FARM STABLES, LLC

LESSON REGISTRATION AND RELEASE FORM

75 Hartford Road
Simsbury, CT. 06070
(860) 658 - 9943
(860) 658 - 7415 (fax)

Name (rider): _____ DOB: _____

Name (parent): _____

Address _____

City, State, Zip _____

Phone 1 _____ Phone 2 _____

Email _____

Refer to the schedule for the appropriate group time for your level.

Level _____ Day and time: _____

EQUESTRIAN ACTIVITY RELEASE AND INDEMNITY FORM

In consideration of Folly Farm Stables, LLC ("Folly Farm"), granting me permission to ride, handle, show horses and/or otherwise participate in equestrian activities, I hereby assume any and all risk of loss or injury to me and/or my property, whether anticipated or unanticipated, arising from my entry onto the premises located at 75 Hartford Rd, Simsbury, CT (the "Premises") and/or my participation in equestrian activities.

I further agree to indemnify Folly Farm and Folly Farm, Inc. (the company which leases the Premises to Folly Farms), their officers, members, board of directors, managers, owners, agents, servants, and employees, and hold them harmless from any and all claims, demands, actions, expenses or liabilities (including attorney's fees and court costs) for any injury or damage to me and/or my property arising out of my entry onto the Premises, and/or participation in such equestrian activities at the Premises and/or arising out of any act or acts of anyone or animal within my control.

I acknowledge that equestrian activity, such as horseback riding, horse care and maintenance, contain inherent risks of injury and damage to me personally and to my property. Based upon such knowledge, and in consideration of Folly Farms allowing me to enter onto the Premises, I hereby, for myself, my heirs, executors and administrators, waive, release, and hold harmless Folly Farms and Folly Farm, Inc., their officers, members, board of directors, managers, owners, agents, servants, and employees, from any and all right, claim, or liability for damages or injuries which might be sustained by me, from any and all claims of any kind or nature that I might have as a result of, or arising out of, my participation, whether caused by my own act or acts of anyone or any animal within my control.

I authorize Folly Farms to seek emergency medical attention for me as may be required in the event the need arises.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS RELEASE AND INDEMNIFICATION FORM AND UNDERSTAND ALL OF ITS TERMS. I EXECUTE THIS FORM VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE. I ASSUME ALL OF THE RISKS ASSOCIATED WITH EQUESTRIAN RELATED ACTIVITIES AT THE PREMISES.

Signature _____ Date: _____

PAYMENT DUE WITH REGISTRATION Check payable to Folly Farm or Credit card

Card type: Visa or MC _____

Card number _____

Name on card _____ Exp. Date _____

Billing address (if different from above): _____
