RELEASE FORM

Horseback Riding and Related Activities Agreement & Liability Release Form

This form must be completed by and for each participant in horseback riding and related activities at

MAPLE CREST HORSE FARM LLC 7009 Maple Avenue Castalia, OH 44824

In consideration of the services of Maple Crest Horse Farm LLC, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf. I hereby agree to release, indemnify, and discharge Maple Crest Horse Farm LLC, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as

1. I acknowledge that horseback riding entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: Contact with wild animals, hiking and exposure to the elements. A horse, regardless of its training and usual past behavior, may act unpredictably at times based upon instinct or fright which may cause you to be thrown from your horse or injured by the horse. Horses may do such things as bite, kick, buck, lie down, or stumble. Saddles may slip and other tack or saddle problems may develop as a result of normal use and wear. Your horse may collide with obstacles or encounter variations in terrain such as creeks, water, bridges, traveled roads, wild animals, birds, stump, forest growth, debris, rocks and cliffs and other obstacles whether obvious or not and whether man made or natural, Each of those obstacles or variations in terrain could cause you to lose control of you horse and you could fall. Riding a horse requires the participant to balance on the saddle. Participants may lose their balance, which can result in falling from the horse. Furthermore, Maple Crest Horse Farm LLC's employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

- 2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
- 3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Maple Crest Horse Farm LLC from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of Maple Crest Horse Farm LLC's equipment or facilities, including any such claims which allege negligent acts or omissions of Maple Crest Horse Farm LLC.
- 4. Should Maple Crest Horse Farm LLC or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement. I agree to indemnify and hold them harmless far all such fees and costs.
- 5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself: I further certify that I am willing to assume the risk of any medical or physical condition I may
- 6.I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity. I may be found by a court of law to have waived my right to maintain a lawsuit against Maple Crest Horse Farm LLC on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Participant's name (Print Name)		
Address		
City	_ State Zip Code	
Home Phone	Cell Phone:	
Email address	Date:	
Participant's signature:	Child's birth da	ate:
	R GUARDIAN'S ADDITIONAL IN the completed for participants under the	
Crest Horse Farm LLC to participate in its	activities and to use its equipment arn any and all Claims which are broug	inor's name) ("Minor") being permitted by Maple and facilities, I further agree to indemnify and hold that by, or an behalf of Minor, and which are in any
Parent or Guardian:	Print Name:	Date: