

Clark Performance Horses
Bill Clark & Karen Black-Clark

726 Spring Street (Route 12)
Winchendon, Massachusetts 01475



LIABILITY RELEASE FORM

I have full knowledge of the potential hazardous nature of horses. Knowing the inherent risks, dangers and rigors required of said activities, I agree to **Ride At My Own Risk**.

Therefore, I for myself, children and my heirs, do hereby fully and forever release and discharge Clark Performance Horses, Bill Clark and Karen Black-Clark, and all persons whomever directly or indirectly liable or responsible, from any claims or other claims or demands, actions and causes of action, damages, costs, loss of services, expenses and any and all other claims of damages whatsoever both in law and equity, on account of, or in any way resulting from personal injuries, arising out of Introduction to horses, horseback riding, trail riding on horses, ascent or descent from a horse at anytime and meaning and intending it include herein all such personal injuries, conscious suffering, death or property damage resulting from or in any way connected with or arising from participation in working with, riding of horses, and in the consideration of the foregoing premises, I hereby expressly stipulate, covenant, and agree to indemnify and hold forever harmless the said Clark Performance Horses, Bill Clark and Karen Black-Clark from any and all actions from my willful or wanton or intentional act of actions.

I have read, understand and accept the following conditions stated herein and acknowledge that this agreement shall be effective upon the parties during the while period of activities.

I have read, understand and accept the following **warning**:

Under Massachusetts Law, an Equine Professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 123, Section 2d of the General Laws.

My signature below reflects that I have read and understand, and agree to all the above.

Signature of Rider or Parent/Guardian of Minor Child X_____

Printed name of Rider or Parent/Guardian_____

Printed Name of Minor Child_____

Name & Phone of Emergency contact_____

Date_____