



## 2017 Apple Knoll Farm Release & Indemnity Agreement

I hereby agree to indemnify and release Hatrick, Inc. and Apple Knoll Farm, and all associated persons, employees, agents, and representatives from liability for any and all accidents or injuries sustained by me, my employees, heirs, representatives, dependants, or guests, while participating in any equestrian related activity at Apple Knoll Farm, or under the auspices of Hatrick, Inc. It is understood that whatever the words Stable Owner are used in this agreement, it includes landowners, stable owners, trainers, independent contractors, employees, and any other individual related to the ownership or management of the horse and training facility of Hatrick, Inc. and Apple Knoll Farm.

As an owner, student, contestant, spectator, employee, independent contractor, or parent, I/We the undersigned, recognize that all equestrian related activities are extremely dangerous, that accidents involving horses are frequent, that the condition of the land is often hazardous, and that the ring/ground footing is rarely perfect. In light of this knowledge, I/We undertake full responsibility for all harm that may come to me/ourselves, my/our stock, or property, and all of my/our associates, dependents, representatives, and guests. I/We further understand that wearing an approved hard hat is required at all times while mounted on Apple Knoll Farm property. With full knowledge, I/We release the herein named Hatrick, Inc. and Apple Knoll Farm from any and all responsibility for any and all accidents and injuries that may occur while either as a participant in or as a spectator of any equestrian related activity at Apple Knoll Farm, or while trainers, independent contractors, or other individuals related to Hatrick, Inc.

Signing this release implies that I/We have adequate medical and liability insurance/protection and that Hatrick, Inc. and Apple Knoll Farm will assume no responsibility for horse and rider. Losses occasioned by the injury or death of rider, spectator, or horse is agreed to be covered by the insurance of the undersigned and it is further agreed that the undersigned's heirs, representatives, dependents, or guests shall have no right or action against Hatrick, Inc. or Apple Knoll Farm employees, independent contractors, landowners, or any of their insurance carriers.

If the person is under 18 years of age, signature of the parent or guardian indicates acceptance of responsibility of said parent or guardian and release of liability of the Stable/Owner and affiliated persons, as discussed above.

If damage is caused by or to the undersigned's horse or horses (including, but not limited to, escape from enclosures), the undersigned takes full responsibility for damages to persons, property, or other horses and agrees to indemnify Hatrick, Inc. and Apple Knoll Farm and affiliated persons against liability for such damages.

The undersigned further agrees to indemnify Hatrick, Inc. and Apple Knoll Farm against any liability for physical loss or injury, or damage causing death, or making destruction necessary to the horse of the undersigned under the care of the Stable Owner.

It is understood that Hatrick, Inc. assumes no responsibility for any personal property of the undersigned and any said property is stored on the premises of Apple Knoll Farm at the sole risk of the Horse Owner.

**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 128, Section 2D of the General Laws.**



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PLEASE PRINT ALL INFORMATION CLEARLY

Rider/Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_ Work Telephone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: (If Rider under 18) : \_\_\_\_\_

Address of Guardian: \_\_\_\_\_

Telephone of Parent / Guardian: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

### EMERGENCY INFORMATION

Whom to Call in Case of Emergency: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Health Care Provider/Insurance No# \_\_\_\_\_

Allergies: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_

Alternate Emergency Telephone Number: \_\_\_\_\_

I, hereby grant Hatrick, Inc. and Apple Knoll Farm, or their agents, the right to seek any and all emergency treatment determined necessary to protect the health and well being of the above-named individual.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/Guardian must sign if rider is under 18 years of age)