Huntington Farm Release assumption of risk waiver and indemnification form

This document waives important legal rights. Read it carefully before signing.

I understand that the sport of horseback riding and driving is inherently dangerous and that serious injury and death can occur. I understand that participation in equine activities involves necessary risks. I agree that if any injury occurs to me or my horse or to any equipment that I may use or send to use, I will make no claim against Huntington Farm, Ann Kitchel or any of the employees, and volunteers. I further agree to hold Huntington Farm, its owner, trainers, employees, and volunteers free and harmless from any liability, claims, suits or damages of whatsoever kind or nature that may be occasioned by the horses used by me or the negligence of the persons in charge of such horses and I agree to indemnify and hold harmless this organization and individuals against all liability claims, suits and expenses including attorney fees incurred arising out of any injury to any person or damage to any property caused by me, my horses or attendants.

_____ _____
SIGNATURE OF RIDER DATE

_____ _____
SIGNATURE OF HORSE'S OWNER DATE

West's Vermont Statutes Annotated. Title Twelve. Court Procedure. Part 2. Proceedings Before Trial. Chapter 27. Pleading and Practice. Subchapter 2. Pleadings Generally. § 1039. Equine activities; acceptance of inherent risks

This statute represents Vermont's equine activity liability law. Under the Act, no person shall be liable for an injury to, or the death of, a participant resulting from the inherent risks of equine activities, insofar as those risks are necessary to the equine activity and obvious to the person injured.

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

I, _____, of
_____
(Camp Participant) (address)
am aware that horseback riding and jumping involved certain inherent dangers of injury. In the event that I sustain an illness or injury which renders me unable to make or communicate my desire for or permission to receive medical treatment, I hereby authorize the officials to take me to the nearest medical facility for treatment unless otherwise stipulated below. I authorize transport and I also hereby authorize the medical care providers at the health care facility and whomever they may designate as their assistants to perform such emergency treatment and procedures as they deem advisable. I understand that a personal physician must be selected by or on behalf of a patient if hospitalization or further treatment is required.

_____ _____
Signature of Camp Participant Date

EMERGENCY CONTACT INFORMATION

NAME DAY PHONE EVENING PHONE

RELATIONSHIP CELL PHONE