

STRAIN FAMILY EQUESTRIAN CENTER LLC
18 VINING HILL ROAD
SOUTHWICK, MA 01077
www.strainfamilyequestrian.com

LIABILITY ACKNOWLEDGMENT & SIGN-OFF

I, _____, being the student (of at least eighteen (18) years of age or older), or the legal guardian of the student, do hereby acknowledge and agree that I shall hold Strain Family Equestrian Center LLC harmless for any and all personal damages or injuries of any type to me, my child, or my child which I am legal guardian for, sustained or resulting from any lesson, instruction or activity I, or my child, or my child for which I am legal guardian participates in at Strain Family Equestrian Center LLC or is sponsored by Strain Family Equestrian Center LLC. I will also hold Strain Family Equestrian Center LLC harmless for any and all damages incurred to my/our personally-owned horse(s) and riding equipment. This acknowledgment shall be in force for any and all lessons, instruction or activities I, my child, or my child which I am a legal guardian for, at Strain Family Equestrian Center LLC or sponsored by Strain Family Equestrian Center LLC. I will also acknowledge and agree to any and all safety requirements established by the riding instructor for whom I, my child, or my child which I am a legal guardian for, will be taking lessons or instruction from. I also have notified Strain Family Equestrian Center LLC through this agreement, that I, my child, or my child which I am legal guardian for, of any medical problems or handicaps which Strain Family Equestrian Center, LLC should be aware of.

Medical/Handicaps: _____

EQUINE LIMITATION OF LIABILITY LAW
WARNING: "UNDER MASSACHUSETTS LAW AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES PURSUANT TO SECTION 2D OF CHAPTER 128 OF THE GENERAL LAW."

Signature of Student (18 years or older) Date _____

Print or Type name of Student

Signature of legal Guardian if Student is Under Eighteen (18) Years of Age Date _____

Print or Type Name of legal Guardian

Address

City, State, Zip Code

Telephone Number (Home AND Work AND Cell Phone)

Email