

RELEASE OF LIABILITY
PLEASE READ CAREFULLY BEFORE SIGNING

I, _____, understand that there are a number of potential dangers when handling, grooming, mounting, dismounting, and riding a horse. I further understand that a horse, no matter how well I believe I know the horse, its training or past behavior, may act or react in unpredictable ways which can directly or indirectly cause injuries to myself and other people who may be in the area. I agree that I am responsible for my own safety while participating in horse activities.

TO PARTICIPATE IN HORSE ACTIVITIES, I HEREBY RELEASE MON CHEVAL RIDING AND TRAINING, NATALIE DOMINGUEZ AND ANGELA THOMSON, OR THEIR AGENTS, EMPLOYEES, TRAINERS, OR ANYONE ELSE DIRECTLY OR INDIRECTLY CONNECTED WITH MON CHEVAL RIDING AND TRAINING, FROM ANY AND ALL CLAIMS THAT I MAY HAVE ON ACCOUNT OF, OR BY REASON OF AN INJURY, LOSS OR DAMAGE, WHICH MAY BE SUFFERED BY ME OR TO ANY PROPERTY, BECAUSE OF ANY MATTER, THING, OR CONDITION, NEGLIGENCE OR FOR ANY OTHER REASON. I ASSUME AND ACCEPT THE FULL RISK AND DANGER OF ANY INJURY (INCLUDING DEATH), OR DAMAGE WHICH MAY THROUGH OR BY REASON OF ANY MATTER, THING OR CONDITION, NEGLIGENCE, OR AS A RESULT OF MY ELECTING TO PARTICIPATE IN HORSE ACTIVITIES WITH MON CHEVAL RIDING AND TRAINING OR NATALIE THOMSON. I AGREE TO INDEMNIFY AND HOLD HARMLESS MON CHEVAL RIDING AND TRAINING, NATALIE DOMINGUEZ AND ANGELA THOMSON, OR THEIR AGENTS, EMPLOYEES, TRAINERS, OR ANYONE ELSE DIRECTLY OR INDIRECTLY CONNECTED WITH MON CHEVAL RIDING AND TRAINING AND/OR NATALIE DOMINGUEZ AND ANGELA THOMSON FROM ALL SUCH CLAIMS.

WARNING: Under the Michigan Equine Activity Liability Act, an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.

This release shall be legally binding not only upon me, but also upon my heirs, personal representatives, and legal representatives, and anyone who could claim an interest through me. I have carefully read this RELEASE OF LIABILITY, and fully agree with its contents.

Signature

Date

If participant is under the age of 18, a parent or guardian must sign on behalf of the minor. Please indicate both the child's name and the parent or gaurdian's name.

Printed name and address of participant: _____

