

FOXMEADE FARM LTD.

EQUINE ACTIVITY RELEASE/WAVIER, ASSUMPTION OF RISKS AND INDEMFICATION AGREEMENT AND NOTICE OF RISKS

In consideration of my/ my daughter's/son's participation in any equine activities at Foxmeade Farm, I hereby release and waive any rights to sue it's manager, employees, agents and representatives for any loss, damage, injury, or death to person or property sustained by me/ my daughter/son in equine activities by any cause whatsoever including risks inherent in an equine activity, such as, but not limited to, (1) the propensity of equine to behave in dangerous ways which may result in injury or death to a participant or bystander, or damage to property; (2) the inability to predict an equine's reaction to sound, movements, objects, persons, or animals; (3) hazards of surface or subsurface conditions, whether known or unknown; (4) the experience level of any participant; (5) a known or unknown health condition of any participant and; (6) the condition and age of the equipment or tack. I assume all of the foregoing risks and any other risks inherent in equine activities and accept complete responsibility for making any and all examinations or inspections relating to those risks and any other potential risks of recreational activities. I further assume all risk of, and agree to hold harmless Foxmeade Farm, it's manager, employees, representatives and agents from and against, any and all loss, damage, injury or death to person or property, by whatever cause, including any act or omission, negligent or otherwise, on the part pf Foxmeade Farm, it's manager, employees, representatives or agents, or on the part of any person.

I hereby certify that the foregoing statements and representations are being made by me knowingly, freely, and voluntarily, and I understand that Foxmeade Farm is expressly relying upon the foregoing statements and representations in permitting me/my daughter's/ son's participating in any equine activities.

CAUTION: READ BEFORE SIGNING!!!

Date: _____

Rider's Full Name: _____

Address: _____

Phone Number: _____

Printed name of Participant /Parent /Guardian: _____

Signature: _____