

Hold Harmless Release Form

Reining Hope AEAAT, LLC/DoodleBug Farm
574 Sunset Drive
Morgan, VT 05853

Release of Liability and Hold Harmless Agreement

I, _____ (participant), and _____ (parent/guardian, if participant is a minor) understand and accept the risks and rules below:

I understand that the handling, use and riding of a horse involves the risk of injury or death. I also understand that under Vermont Law, an equine activity sponsor is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities that are obvious and necessary, pursuant to 12 V.S.A 1039. With full knowledge of these and all other dangers inherent to the sport of horseback riding and equine activities, I am knowingly participating in boarding, riding, training and/or workshops/clinics at Reining Hope AEAAT, LLC/DoodleBug Farm and voluntarily engage myself, and/or my minor child, in these activities and fully assume all risks involved.

I understand that I must follow the policies, procedures and safety rules of Reining Hope AEAAT, LLC/DoodleBug Farm when at these premises.

I agree to fully and forever release and hold harmless Reining Hope AEAAT, LLC/DoodleBug Farm its employees, owners, riding instructors, volunteers, the Mason/Roberge family and other agents acting on behalf from any and all liabilities due to injuries, claims, damages, actions, or losses, which may arise out of my, my minor child's, or my guest's presence at Reining Hope AEAAT, LLC/DoodleBug Farm or the boarding or handling of my horse, including without limitation this farm's ordinary negligence in the operation of the farm.

I shall bring no claims, demands, actions, or litigation against Reining Hope AEAAT, LLC/DoodleBug Farm, its owners, employees, riding instructors, and other agents acting on behalf or for Reining Hope AEAAT, LLC/DoodleBug Farm for any economic losses and non economic losses due to bodily injury, death, or property damage, sustained by me or my minor child in relation to the premises and operations of this stable.

By my signature below, I HAVE READ AND UNDERSTAND THIS ENTIRE LIABILITY RELEASE

Signature of participant

Date

Signature of parent and/or legal guardian

Date

Print Name: _____

Address: _____

Phone: (H) _____ (C) _____ (W) _____

Email: _____