

# Release of Liability & Hold Harmless Release Form

**Reining Hope AEAAT, LLC**  
**574 Sunset Drive**  
**Morgan, VT 05853**

## Release of Liability and Hold Harmless Agreement

I, \_\_\_\_\_ (participant/volunteer/boarder), and \_\_\_\_\_ (parent if participant/volunteer/boarder 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 and or training at Reining Hope AEAAT, LLC 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 and safety rules of Reining Hope AEAAT, LLC when at these premises.

I agree to fully and forever release and hold harmless Reining Hope AEAAT, LLC its employees, owners, riding instructors, 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 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, its owners, employees, riding instructors, and other agents acting on behalf or for Reining Hope AEAAT, LLC for any economic losses and non economic losses due to bodily injury, death, or property damage, sustained by me or my minor child (if applicable) in relation to the premises and operations of this stable.

I HAVE READ AND UNDERSTAND THIS ENTIRE LIABILITY RELEASE

\_\_\_\_\_  
Signature of participant/volunteer/boarder, Date

\_\_\_\_\_  
Signature of parent and/or legal guardian, Date

Print Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_