

# SCARLET HILL FARM RELEASE AND HOLD HARMLESS AGREEMENT 2018

RIDER'S NAME

EMERGENCY CONTACT NAME

EMERGENCY CONTACT PHONE NUMBER

Whereas, the UNDERSIGNED assumes the inherent risks involved in riding and working around horses, which risks include bodily injury from using, riding or being in close proximity to horses, among other risks, and further, that both horse and rider, can be injured in normal use or in competition and schooling;

In CONSIDERATION therefore, for the privilege of riding, exercising, leasing and/or handling horses at Scarlet Hill Farm, The undersigned does hereby agree to hold harmless and indemnify Scarlet Hill Farm, their employees and agents, their spouse and heirs and further release them from any liability or responsibility for accident, damage, injury to the undersigned or to any family member or spectator accompanying the undersigned on the premises, or when riding horses from Scarlet Hill Farm off the Premises

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I have been informed and understand that the following law is in effect in Massachusetts: UNDER MASSACHUSETTS LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKSOF EQUINE ACTIVITIES, PURSUANT TO SECTION 2D OF CHAPTER 128 OF THE GENERAL LAWS.

NAME OF RIDER \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE OF PARENT OR GUARDIAN** \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**EMERGENCY CONTACT** \_\_\_\_\_

## MEDICAL RELEASE

I authorize Scarlet Hill Farm and its agents or operators to provide access to medical treatment at the nearest hospital if necessary.

## **NAME AND SIGNATURE OF RIDER (OR PARENT OR GUARDIAN)**

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Please note any health considerations or chronic conditions that must be taken into account if medical care is required:

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