

WILLOWBROOKE FARMS
7461 Brookville Road
Plymouth, MI 48170
734-737-0899

AGREEMENT AND LIABILITY RELEASE
READ CAREFULLY BEFORE SIGNING

I agree to the following agreement with Willowbrooke Farms (referred to herein as "Stable"), as a condition for its allowing me, and the other persons identified below, to enter the property of Stable and/or to ride horses on the property.

Name of Contracting Party: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Work) _____

Horse Name: _____ Date signed: _____

I also make this agreement on behalf of the following, who are my children or legal wards:

1. _____ Date of Birth: _____
2. _____ Date of Birth: _____
3. _____ Date of Birth: _____

IT IS HEREBY AGREED AS FOLLOWS:

1. I have requested to enter the Stable's premises and/or ride horses on the Stables property.
2. I understand that anyone riding or near a horse can suffer bodily and other injuries. Among other things, horses are unpredictable by nature. For example, when frightened, angry or under stress, a horse's natural instincts are to jump forward or sideways, or run away from danger by trotting or galloping. Horses are also known to kick, buck, rear up or bite. I know that horses can do any of these things without warning. I also understand that all horses are powerful and potentially dangerous.

I understand these risks and dangers, and I voluntarily agree to assume them.

3. I am fully responsible for my own safety on or near the Stable's property. The Stable has advised me to purchase and wear properly fitted and secured ASTM/SEI – certified headgear when riding or near horses.

4. WARNING - the Michigan Equine Activity Liability Act (1994 P.A. 351), 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.

5. LIABILITY RELEASE: I assume full responsibility for any and all bodily injuries or damages which I may sustain when on or about the Stable's property as well as when riding or driving on or near the Stable's property. By the term, "damages," I mean, for example, medical expenses, expenses incurred because of bodily injury or property damages, and/or personal property damages. I, for my heirs, administrators, personal representatives or assigns, release and discharge Willowbrooke Farms, and its officers, directors, partners, employees, agents, heirs, representatives, assigns, and others acting on their behalf of and from all claims, demands, actions, omissions, rights of action, or causes of action (present and future), liabilities, or obligations, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my or my guests' bodily injury or damage that may be sustained, or property damage which may occur as a result of my being on the premises of Stable(except if caused by the gross negligence or wanton and willful misconduct of Stable).

It is mutually understood that the liability release, above, shall constitute a waiver of liability beyond the provisions of the Michigan Equine Activity Liability Act.

6. INDEMNIFICATION – I also hereby agree to indemnify and hold Willowbrooke Farms, and its officers, directors, partners, employees, agents, heirs, representatives, assigns, and others acting on their behalf harmless against all damages sustained or suffered by any third person(s) (not parties to this Agreement, including, but not limited to, my relatives, guests, etc.), including any and all injuries, or damages whatsoever that I may cause while being on the premises of Stable and/or while riding or near horses on the Stable's property. This indemnification shall also include attorney fees and costs.
7. I represent that I am now and will be at all times while on or near the Stable's property, covered by accident/medical insurance. My insurance company is: _____
Policy No.: _____

8. Michigan law shall govern this agreement. Should any clause conflict with State law, that clause will be null and void and the remainder of this Agreement shall remain in effect.

9. ALSO, I REPRESENT THAT:

I am at or over 18 years of age, of sound mind, and not suffering from shock or under the influence of alcohol, drugs, or intoxicants;

I have read this entire Agreement and liability release, and I understand it; and the information provided herein is true and accurate.

Signature of Contracting Party: _____ Date: _____

Signature of Stable's Representative: _____ Date: _____

SAFETY HELMET/PROTECTIVE HEADGEAR STATEMENT

I, for myself and on behalf of my child and/or legal ward, have been fully warned and advised by Willowbrooke Farms that I should wear a properly fitted and secured ASTM/SEI - certified equestrian riding helmet while riding or near horses in order to reduce the severity of some head injuries and possibly prevent death from happening as the result of a fall or other occurrences.

I HAVE READ THIS STATEMENT CAREFULLY BEFORE SIGNING.

Name of Rider (print): _____

Riders Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____

RELEASE AND CONSENT

I hereby release Jennifer Blades and her employees from all liability for any loss, injury, or damage suffered by me, my child, or any property belonging to me or my child. This includes any horse owned or leased by me or my child during riding lessons, attending or traveling to or from any horse show, or under the supervision or instruction of Jennifer Blades or her employees.

I hereby authorize Jennifer Blades and/or whomever she may authorize to obtain medical care in an emergency situation for me or my child.

I agree to indemnify and hold harmless Jennifer Blades, her agents and/or employees, for any claim for damages, costs, expenses, and reasonable attorney fees they may incur as a result of any claim made by any person or entity with respect to all of the above.

I authorize any emergency institution to give care to me or my child using my coverage.

Signed: _____ Date: _____

Child's Name: _____ Home Phone: _____

Parents Name: _____ Work Phone: _____

Person to notify in case of emergency:

Neighbor: _____ Phone: _____

Relative: _____ Phone: _____

Medical Information:

Company: _____ Group Number: _____

Policy Holder: _____