

OVERMEADE FARM
940 EAST STREET
LENOX, MA 01240

Please read this document carefully and do not sign it unless you fully understand it.

RIDER'S NAME _____ DATE _____
DATE OF BIRTH _____ PHONE NUMBER _____
ADDRESS: STREET _____
CITY/STATE _____ ZIP _____

If under Age 18

PARENT OR GUARDIAN _____
PHONE NUMBER _____
ADDRESS: STREET _____
CITY/STATE _____ ZIP _____

WARNING

UNDER MASSACHUSETTS LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO SECTION 2D OF CHAPTER 128 OF THE GENERAL LAWS.

RELEASE

I recognize the inherent risks of injury in horseback riding and being with horses in general. While riding or being with horses at Overmeade Farm I assume all risks of injury and further, I voluntarily release Overmeade Farm, it's instructors, employees and agents from any responsibility as a result of any injury I or my child or ward may sustain while riding or in connection therewith. I agree to indemnify and hold harmless Overmeade Farm, it's instructors, employees and agents on account of any such claim.

PARENT/GUARDIAN _____

RIDER _____

MEDICAL AUTHORIZATION

In the event that the above-named rider requires emergency medical treatment as a result of any accident or injury which may occur in connection with any activities at Overmeade Farm, the authorities at Overmeade Farm are hereby given full authority to provide all such nessesary emergency treatment for the above-named rider including permission for administration of anaesthesia.

RIDER _____

PARENT/GUARDIAN _____

IN CASE OF EMERGENCY PLEASE CONTACT:

NAME _____ PHONE NUMBER _____

NAME _____ PHONE NUMBER _____