

CRIMSON ACRES RELEASE FORM
(please fill in all areas)

NAME _____ **Date** _____

ADDRESS _____
Street Town State Zip code

AGE _____ **TELEPHONE** _____

Cell Phone _____ **E-mail** _____

DATE OF RIDING PROGRAM _____

RIDING LEVEL: _____ Beginner _____ Intermediate _____ Advance

STYLE OF RIDING PREFERRED _____ English _____ Western

PLEASE READ THE FOLLOWING CAREFULLY AND DO NOT SIGN UNLESS YOU FULLY UNDERSTAND IT!

I recognize the inherent risks of injury involved in horseback riding generally and in learning to ride in particular and in working and learning about farm animals. In taking lessons and working at Crimson Acres I assume any such risks of injury and further, I voluntarily release Kenneth & Sandra Whitmore, Crimson Acres, It's instructors, employees and agents from any responsibility on account of any injury I or my child or ward may sustain while receiving instruction or while riding or working in connection therewith and I agree to indemnify and hold harmless Kenneth & Sandra Whitmore, Crimson Acres, it's instructors, employees and agents on account of such a claim.

MEDICAL AUTHORIZATION

In the event that the above named student/person requires emergency medical treatment on account of any injury or accident which may occur in connection with any activities at Crimson Acres the authorities at Crimson Acres are hereby given full authority to provide all such necessary emergency treatment for the above named student/person including permission for the administration of anesthesia.

PUBLICITY RELEASE

I give permission for the owners of Crimson Acres to use photos, videos, artwork, poetry and stories for promotional reasons.

"WARNING"

"UNDER Massachusetts law, an equine professional is not liable for an injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section D of Chapter 128 of the General Laws."

Student/Rider's Signature _____

Parent or Guardian's Signature if under 18 _____

In The Case Of Emergency Please Contact:

Name Telephone Relationship

Name Telephone Relationship

Name Telephone Relationship
