

PLEASE READ THIS CAREFULLY BEFORE SIGNING

EQUIJENN TRAINING CENTER LLC RELEASE OF LIABILITY

I, _____(printed name of rider)_, understand that there are a number of potential dangers when working around, mounting, riding, and dismounting from a horse. I further understand that a horse, no matter how well I believe that I know the horse, its training, and past behavior, may act or react in unpredictable ways at times which can directly or indirectly cause injuries to myself and other people who may be in the area. I agree that I am responsible for my own safety while participating in horseback riding or any other equine related activity at Equijenn Training Center LLC.

TO PARTICIPATE IN THE ACTIVITY OF HORSEBACK RIDING OR OTHER EQUINE RELATED ACTIVITY AT EQUIJENN TRAINING CENTER, I HEREBY RELEASE EQUIJENN TRAINING CENTER LLC, EQUIJENN EQUESTRIAN INTERNATIONAL, LLC, BRITTANY WEBER, OR THEIR AGENTS, DIRECTORS, EMPLOYEES, OFFICERS, SHAREHOLDERS, TRAINERS, GROOMS, ASSISTANTS, OR ANYONE ELSE DIRECTLY OR INDIRECTLY CONNECTED WITH EQUIJENN TRAINING CENTER, FROM ANY INJURY, LOSS OR DAMAGE, WHICH MAY BE SUFFERED MY ME OR TO ANY PROPERTY, BECAUSE OF ANY MATTER, THING, OR CONDITION, NEGLIGENCE OR FOR ANY OTHER REASON. I HEREBY ASSUME AND ACCEPT THE FULL RISK AND DANGER OF ANY INJURY OR ILLNESS (INCLUDING DEATH) OR DAMAGE WHICH MAY OCCUR THROUGH OR BY REASON OF ANY MATTER, THING OR CONDITION, NEGLIGENCE OR AS A RESULT OF MY ELECTING TO GROOM, MOUNT AND RIDE A HORSE AT EQUIJENN TRAINING CENTER LLC. I AGREE TO INDEMNIFY AND HOLD HARMLESS EQUIJENN TRAINING CENTER LLC, EQUIJENN EQUESTRIAN INTERNATIONAL, LLC, BRITTANY WEBER, IT OR THEIR AGENTS, DIRECTORS, EMPLOYEES, OFFICERS, SHAREHOLDERS, TRAINERS, GROOMS, ASSISTANTS, OR ANYONE ELSE DIRECTLY OR INDIRECTLY CONNECTED WITH EQUIJENN TRAINING CENTER LLC, FROM ALL SUCH CLAIMS.

WARNING: Under the Michigan Equine Activity Liability Act, 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.

This release shall be legally binding not only upon me but also upon my heirs, personal representatives, and legal representatives, and anyone who could claim an interest through me. I have carefully read this RELEASE OF LIABILITY, and fully agree with its contents.

Date: _____

(Signature)

(Printed Name)

(Street Address)

(City, State, Telephone Number)

(Rider's date of birth)

IF THE RIDER IS UNDER THE AGE OF 18, A PARENT OR GUARDIAN MUST SIGN ON BEHALF OF THE MINOR. PLEASE INDICATE BOTH THE CHILD'S NAME AND THE PARENT/GUARDIAN'S NAME.