

Liability Release Form

This RELEASE OF LIABILITY (RELEASE) is made and entered into this _____ day of _____, 20____ for the benefit of Scott Book and Forrest Book III, d/b/a Book Family Farm: hereinafter referred to as OWNER, and Joan and Forest Book, Jr., Landowners by, _____, with an address of _____, and if RIDER is a minor, RIDER’S parents or legal guardian _____, hereinafter referred to as RIDER.

In consideration for the use today and for all future dates of animals, property, facilities, equipment, and services of OWNER and LANDOWNER at the farm known as the Book Family Farm, the OWNER, LANDOWNER and RIDER, their heirs, successors, assigns, and legal representatives intending to be legally bound, herby expressly agree to the following:

1. Recognizing and accepting that horseback riding can be a dangerous activity, (According to National Electronic Injury Surveillance Systems of United States Consumer Products, horse activities ranked 64th among the activities of people relative to injuries that result in a stay in the hospital.) and it is the responsibility of the RIDER to carry full and complete insurance coverage for his/her personal property, and himself/herself.
2. Recognizing and accepting the pursuit of an adventure type activity in a wild, rugged, and uncultivated area or region, as of forest and/or hills and/or mountains and/or plains and/or wetlands, which would likely be uninhabited by people and inhabited by wild animals of many types and species to include, but not limited to mammals, reptiles, and insects, which are not tame, may be savage and unpredictable in nature and also wandering at their will.
3. RIDER agrees to assume ANY AND ALL RISKS RELATED TO OR ARISING FROM RIDER’S USE OF OR PRESENCE UPON OWNER’S PROPERTY AND FACILITIES including but not limited to, the risk of death, bodily injury, permanent disability, falls, kicks, or bites.
4. RIDER agrees to hold OWNER and LANDOWNER and all of their successors, assigns, affiliates, officers, directors, employees, and agents completely harmless and not liable and release them from all liability whatsoever on account of or in connection with any claims, causes of action, injury, damages costs, attorney’s fees or expenses arising out of RIDER’S use of or presence upon OWNER’S and LANDOWNER’S property and facilities, including without limitation, those based on death, bodily injury, property damage, including inconsequential damages.
5. RIDER agrees to waive the protection awarded by any statue or law in any jurisdiction whose purpose and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing this Release.
6. RIDER agrees to indemnify and defend OWNER and LANDOWNERS against and hold them harmless from any and all claims, causes of action, damages, judgments, cost or expenses, including payment of attorney’s fees, which in any way arise from RIDER’S use of or presence upon OWNER’S and LANDOWNER’S property or facilities.
7. RIDER agrees that by performing the act of riding on the premises of the OWNER and LANDOWNER or under the direction of the OWNER and LANDOWNER or their representatives, trainers, teachers, agents or assigns, RIDER indicates

understanding and acceptance of the terms and conditions of this entire RELEASE without exception.

8. This RELEASE is non-assignable and non-transferable and is made and entered into in the COMMONWEALTH OF PENNSYLVANIA, and shall be enforced and interpreted under the laws of this Commonwealth.
9. IMPORTANT NOTICE: This is a legally binding document and you have the right to review it with legal counsel prior to signing it.
10. Intending to be legally bound, RIDER signs this RELEASE OF LIABILITY.

RIDER or / RIDER’S PARENT OR LEGAL GUARDIAN

Consent for you or your child’s picture to be used for publicity purposes:
Circle one yes no

RIDER or / RIDER’S PARENT OR LEGAL GUARDIAN

Consent to Emergency Medical, Dental, Surgical Treatment for Minor Child

My name is _____ . I am

the (Mother / Father / Guardian) of _____, a minor child and riding student of The Book Family Farm. I hereby consent to any medical, dental, surgical treatment or procedure of an emergency nature that is reasonably necessary to save the life of the minor child named above, or to restore the child to health.

Name of insurance company _____ Policy Number _____

I understand that should medical emergency treatment be required, the current insurance information here will be provided to the attending clinic or hospital to cover future payment of incurred bills.

Contact Numbers: Home _____ Cell _____

Emergency Numbers: Home _____ Cell _____

Person to contact: _____

Please list any allergies or medical conditions attending clinic or hospital may need to be aware of.

