

TIMES SQUARE RIDING ACADEMY

4835 Oakwood Road, Ortonville, Michigan 48462 – (248) 969-0487

www.timessquareringacad.com

WAIVER & RELEASE

In consideration of my participation, I, intending to be legally bound, do hereby for myself, my heirs, executors and administrators, **waive and release** forever any and all claims I may accrue against the TIMES SQUARE RIDING ACADEMY as an Equine Stable and any and all of their agents, servants, employees, officials and sponsors of this equine activity, their successors, representatives and assigns, for any and all damages and injuries suffered by me while attending and participating in this Equine Activity. By executing this form, I acknowledge that all aspects of an equine activity, which relates to the proper management, use, training, jumping, showing or other equestrian activity is a strenuous activity with certain inherent risks associated with the sport. These risks include but are not limited to the following by way of example only: the equine's propensity to behave in ways that may result in injury and harm, or death to a person on or around it; the unpredictability of an equine's reaction to things such as sounds sudden movement, and people, other animals, or unfamiliar objects; and a hazard such as a surface or subsurface condition; and colliding with another equine or object. This activity requires strength, agility, coordination, physical exertion and is considered exercise and possible contact with other participants or falls while undertaking this activity. I fully realize the dangers of my participation and **FULLY ASSUME THE RISKS**. I have also read the **EQUINE ACTIVITY LIABILITY ACT** disclosure contained in this contract and as posted in the Equine Stable, and execute this Release voluntarily as I understand the risks, and inherent dangers of my participation, and willingly undertake this activity.

SIGNATURE OF ENTRANT IF OVER AGE 18: _____

PRINT NAME

ADDRESS: _____

TELEPHONE #: _____ CELL#: _____ WORK#: _____

E-mail Address (if any): _____

CONSENT AND RELEASE OF PARENT OR GUARDIAN

I am the parent or guardian of the minor entrant who has fully completed the registration form. My child is fit for the event, and I consent to the minor's participation. **I HAVE READ AND I UNDERSTAND THE CHILD'S PARTICIPATION AND RELEASE AGREEMENT**, and by my execution hereof agree to its terms and consent to my child's waiver and release of all liability associated with his/her participation in this event.

SIGNATURE OF PARENT OR GUARDIAN: _____

PRINT NAME

ON BEHALF OF (PRINT NAME OF MINOR): _____

ADDRESS: _____, _____, MICHIGAN 48____;

TELEPHONE #: _____ CELL #: _____ WORK#: _____

E-mail Address (if any): _____

WARNING

Under the Michigan Equine Activity Liability Act, and 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. P.A.1994, No.351, Sec. 6, EFF. March 30, 1995.