Erin Hughes Equestrian Liability Release

I _____ , am fully aware and fully understand that all horses are unpredictable and dangerous. I realize that placing my children, or myself in a stables environment is creating a hazardous situation.

I understand that riding horses or ponies is a dangerous sport. I am aware that riders must expect to be injured from time to time. I understand that death of people from equestrian accidents is possible.

I realize that professional instruction cannot prevent serious injury or death from working around, handling, or riding horses and ponies.

I understand that jumping horses or ponies is a particularly dangerous activity and that serious injury or death of riders or horses is possible.

I am aware that serious injury or death of my mount is possible when it is handled, trained, or in a lesson.

I release Erin Hughes Equestrian, its owners, trainers, and employees from all liability for damage to my property, injuries or death of my children, my animals, or myself.

Erin Hughes Equestrian, its owners, employees, and associates, have my permission to initiate emergency first aid treatment for my children, my animals, and myself in case of an accident. They also have my permission to authorize emergency medical treatment by qualified medical personnel for my children or myself, and veterinary treatment by qualified veterinary personnel for my animals.

I understand that I am fully responsible for any guests that I may have on the property. I understand that I am fully responsible for fully informing the guest of all risks related to the handling or riding of horses. I understand that I am fully responsible for informing guests about horse's temperament, training, habits, and for determining that the guest is sufficiently experienced to ride the horse.

UNDER THE MICHIGAN EQUINE LIABILITY ACT, an equine professional is not liable for any injury to or the death of a participant in an equine activity resulting from an inherit risk of the equine activity.

I have carefully read each paragraph listed above and understand its contents.

Name (print)_____ Children's names_____

Signature_____ Dated _____

Street Address_____ City_____ Zip_____

Phones (H)_____(W)_____ Emergency_____

Witness_____ Dated_____ Name (print)_____