



Knights Branch Farm LLC
639 Sandy Point Road
West Point, VA 23181
Cell: +1 (804) 824 6660
www.knightsbranchfarm.net
www.facebook.com/knightsbranchfarm

Equine Release and Waiver of Liability, Assumption of Risk and indemnity Agreement 2021

I hereby enter into this agreement in consideration of my / ability and permission to ride OR use any of the facilities offered by Knights Branch Farm, owner Paula Dwyer-Capp, whose address is 639 Sandy Point Road, West Point, VA 23181

IMPORTANT NOTICE

BY SIGNING THIS AGREEMENT YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF YOUR RIDING OR TAKING PART IN EQUINE ACTIVITIES AT Knights Branch Farm, INCLUDING INJURY, DEATH, OR PROPERTY DAMAGE ARISING OUT OF THE NEGLIGENCE OF YOU OR Knights Branch Farm.

READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOUR UNDERSTANDING OF AND AGREEMENT TO ITS TERMS. By signing this form, I hereby acknowledge on behalf of myself that I have familiarized myself with the activities that I will be allowed to participate in, and that I do hereby acknowledge and agree that I will participate in these activities without restriction or limitation. I recognize the inherent risks involved in riding and working with horses, including but not limited to:

- Bites, kicks, abrasions or contusions from horses.
- Being thrown or bucked off by horses.
- Scratches or other injury from stalls or enclosures.
- Scratches or other injury from grooming tools and other equine equipment and tack.
- Allergic reactions to animals, hay, or other allergens.
- Tripping in holes or on materials or equipment.
- Slipping, falling, or otherwise being injured in the barn, in stalls, or on the grounds, which can be slippery, muddy, wet, or contain or present other hazards.

I hereby specifically forever waive Knights Branch Farm LLC, Owner Paula Dwyer-Capp, and its principals and agents from any liability for injury arising out of the inherent risks from riding, working or participating in a stable environment and/or with horses, as well as from the active negligence of Knights Branch Farm LLC, Boarding barn, event facility and Obstacle Course, Owner Paula Dwyer-Capp, its principals and agents.

By signing this agreement I hereby acknowledge that although there may be supervision during my time spent at Knights Branch Farm LLC, there will not be a nurse on the premises and Knights Branch Farm LLC, Owner Paula Dwyer-Capp, and its principals and agents bear no responsibility for my health or medical care.

I agree to indemnify, save and hold harmless Knights Branch Farm LLC and its principals and agents from and against any loss, liability, damage, attorneys' fees, or costs that they may incur arising out of or in any way connected with either my presence or participation at Knights Branch Farm LLC or any acts or omissions of Knights Branch Farm LLC principals or agents.



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By signing this Agreement, and by initialing the paragraph below, I hereby acknowledge my complete understanding, agreement and consent to my presence and/or participation in the activities at Knights Branch Farm LLC, without restriction, without liability to Knights Branch Farm LLC, its principals or agents, and with full knowledge and understanding of the disclosures, waivers, and releases herein.

If I am present at and participate in the activities of Knights Branch Farm LLC, I do so at my own risk, and I hereby acknowledge and agree that Knights Branch Farm LLC and/or any of its principals and agents shall bear no responsibility or risk associated with injuries that could arise from my presence or participation at Knights Branch Farm LLC, Owner Paula Dwyer-Capp.

Participants PRINTED Name: _____

Participants signature _____ Date: _____/_____/_____ 2021
Day Month

Participants Address: _____/_____
Town

_____/_____
State Zip Code Telephone: (_____)_____

Participants email _____

Can we add you to our monthly farm newsletter? Yes please! No thanks!
(we do not share your information with anyone)

If participant is under the age of 18 parent or legal guardian must sign

Parent or legal guardian name PRINTED _____

Parent or legal guardian to sign _____ Date: _____/_____/_____ 2021
Day Month