

TRINITY STABLES

Release of Liability & Hold Harmless Agreement

I _____, (the "Participant"), wishes to ride and work and interact with horses at Trinity Stables, LLC hereby known as ("Trinity Stables") or at other such location Trinity Stables may conduct its activities. In every part of this agreement the "Participant" refers to and means an individual over the age of majority and/or the parents or legal guardian of that individual.

The Participant understands that equine activities including horseback riding and all activities related to horses can be inherently dangerous. The Participant also understands that under Maine law an equine professional is not liable for an injury to, or death of, a Participant in equine activities resulting from the inherent risks of equine activities pursuant to Title 7, M.R.S.A. Sec. 4101. The Participant voluntarily assumes any and all risk of injury or death to themselves, their family, or visitors while riding, handling or being instructed on any horse(s) or being in the proximity to any horse(s) while at Trinity Stables located at 187 Pequawket Trail, Standish, Maine 04084.

The Participant understands that injuries to themselves or their horse or damage to their property may occur due to their own negligence, negligence of others, or through no fault of any because of the unpredictable nature of horses and thus agree to indemnify and hold harmless Trinity Stables, its principals, agents, employees, servants, independent contractors and assigns on account of any such claim to the fullest extent permitted by law.

The Participant has been advised that while riding any horse, they must wear an ASTM/SEI Safety Helmet. Failure to do so on the Participant's part indicates an acceptance of all responsibility for serious head injuries, which are a frequent result of a fall from horseback. Trinity Stables rules require that all individuals ride with an ASHA or ASTM safety headgear indicated above.

Parental Consent and Waiver of Consortium Claims. The Participant's parents hereby warrants and represents that they are the parents and Legal Guardians of the Participant. The Participant's parents, by their execution hereof, hereby agree and assent to the terms hereof and execute the contract on behalf of their minor child, intending it to be legally binding and fully enforceable against the participant and themselves. The participant's parents, by execution hereof, further remise, release and forever discharge for themselves and their heirs, executors and administrators, Trinity Stables of and from all manner of action, causes of actions, suits, reckonings, controversies, damages, claims and demands, in law or in equity, that they now have or hereafter can or may have by reason of an injury to or death of the Participant, including, but not limited to actions for loss of consortium.

Consent to Emergency Medical Care. In the case of any injury to the Participant while at Trinity Stables, or while participating in any Trinity Stables related activities as described above, the Participants hereby authorizes Trinity Stables or any agent, employee independent contractor or servant to seek medical care and attention for the Participant. This includes, but is not limited

to arranging for an ambulance to transport the Participant to any medical health care facility and consenting to treatment, medical and/or surgery including the administration of anesthesia for the Participant provided that any such persons shall contact or attempt to contact the Participants parents if the Participant is a minor, or the next of kin if the Participant is a legal adult as soon as practical. The Participant acknowledges that he/she is solely responsible for the payment of any medical expenses incurred on behalf of the Participant and hereby indemnifies and holds harmless Trinity Stables for any costs incurred by it on behalf of the Participant.

Under Maine Law, Title 7, M.R.S.A. Sec. 4101, an equine activity sponsor or equine professional is not liable for injury to, or death of, a participant in equine activities resulting from the inherent risks associated with equine activities.

Executed as a sealed instrument this ____ day of _____, 20____.

Participant Name: _____

Signature _____

Email: _____

Mailing Address: _____

Phone Number: _____

Emergency Contact Name and Number: _____

Parent Name (if Minor): _____

Signature _____