

# EMERALD ISLES EVENTING CENTER

## EQUINE RELEASE OF LIABILITY

### **\*MUST LEGIBLY FILL OUT ALL INFORMATION\***

Name: \_\_\_\_\_  
Parent/Guardian (if applicable) \_\_\_\_\_  
Telephone (best number to call): \_\_\_\_\_  
Email: \_\_\_\_\_  
Horse (if applicable): \_\_\_\_\_

I enter into this Equine Release of Liability ("Release") as a prerequisite to riding the above-named horse ("Horse") or any horse owned by Emerald Isles Eventing Center ("Stable"), located at 45 Glen Street, Westborough, MA 01581.

By signing below:

1. I acknowledge that I may be giving up certain legal rights, including the right to recover damages in case of injury, death, or property damage, arising out of the riding or use of my horse, Stable's horse, and/or participation in equine activities at Stable, arising out of my negligence or the negligence of Stable.
2. I recognize that the inherent risks involved in riding and working with horses include but are not limited to:
  - a. Bites, kicks, abrasions, or contusions from horses
  - b. Being thrown or bucked off by a horse
  - c. Scratches or injuries from stalls or enclosures
  - d. Scratches or other injuries from grooming tools and other equine equipment and tack
  - e. Allergic reactions to animals, hay, or other allergens
  - f. Tripping in holes or on materials or equipment
  - g. Slipping, falling, or otherwise being injured in the barn, stalls, or on the grounds, which can be slippery, muddy, wet, or contain or present other hazards.
3. I hereby specifically and forever waive and release Stable and its principals and agents, including without limitation Instructor, 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 negligence of Stable and its principals and agents, including without limitation, its riding instructors.
4. I acknowledge that although there may be supervision of my riding and other related horse activities during time spent at Stable or in Stable-associated activities that may occur off the Stable grounds (e.g., without limitation, at horse shows), there will not be medical personnel present on the premises, and Stable and its principals and agents, including its riding instructors, bear no responsibility for my health or medical care.
5. I agree to indemnify, defend, and hold harmless Stable, its principals, employees, agents, and riding instructors from and against any loss, liability, damages, attorneys' fees or costs arising out of or in any way connected with either my presence or participation at Stable or any acts or omissions of Stable, its principals, employees, agents, and riding instructors.
6. I acknowledge that when present and/or participating in the activities of Stable, whether such activities occur on the Stable premises or at other locations, I do so at my own risk, and I hereby acknowledge and agree that Stable and/or its principals, employees, agents, and riding instructors shall bear no responsibility or risk associated with injuries that could arise from my presence or participation in activities taking place at or sponsored by Stable.
7. I acknowledge receipt of the following warning required under Massachusetts law:

**UNDER MASSACHUSETTS LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO SECTION 2D OF CHAPTER 128 OF THE GENERAL LAWS.**

By signing below, I hereby acknowledge my complete understanding, agreement, and consent to my presence and participation in horse-related activities, including without limitation, riding, at Stable or sponsored by Stable, without restriction, without liability to Stable, its principals, employees, agents, or riding instructors, and with full knowledge and understanding of the disclosures, waivers, and releases herein.

I acknowledge that I have received a copy of this executed Release.

Signed by:

\_\_\_\_\_  
Rider

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian (if applicable)

Date: \_\_\_\_\_

*Raige E. Crotty*  
\_\_\_\_\_  
Emerald Isles Eventing Center

Date: \_\_\_\_\_

### GENERAL MEDIA RELEASE

I, \_\_\_\_\_ (please print)  
grant permission to Emerald Isles Eventing Center and its agents and employees the irrevocable and unrestricted right to reproduce the photographs and/or video images taken of me, or members of my family, for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium. I hereby release Emerald Isles Eventing Center and its legal representatives for all claims and liability relating to said images or video. I acknowledge that by providing my email address to Emerald Isles Eventing Center, I agree to receive any and all forms of communication.

I ☐ DO or ☐ DO NOT agree to the terms of the General Media Release (please circle one)

Signed by: \_\_\_\_\_

Date: \_\_\_\_\_