



# Triple C Stable LLC

4 Mclean Drive South Berwick, ME

## Equine Release & Waiver of Liability, Assumption of Risk, & Indemnity Agreement

Name: \_\_\_\_\_

Name of child: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

I hereby enter into this agreement in consideration of my child's ability and permission to participate, ride, use or volunteer at Triple C Stable LLC of 3 McLean Drive South Berwick, Maine.

Initials \_\_\_\_\_



## IMPORTANT NOTICE

BY SIGNING THIS AGREEMENT, YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING BUT NOT LIMITED TO, THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH, AND/OR PROPERTY DAMAGE ARISING OUT OF YOUR CHILD'S RIDING AND/OR USE OF THE OWNER'S HORSE AND/OR PARTICIPATION IN EQUINE ACTIVITIES AT *Triple C Stable LLC, 3 McLean Dive South Berwick, Maine*. PLEASE CAREFULLY READ THIS AGREEMENT BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOUR UNDERSTANDING AND AGREEMENT TO ITS TERMS.

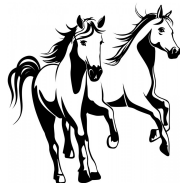
By signing this form, I hereby acknowledge on behalf of my child that I have familiarized myself with the activities he/she will be allowed to participate in, and I do hereby acknowledge and agree he/she will participate in these activities without restriction or limitation. I recognize the inherent risks involved in riding and working with horses, including but not limited to:

- ❖ Bites, kicks, abrasions, or contusions from horses.
- ❖ Being thrown, bucked off, or stepped on by horses.
- ❖ Scratches or other injury from stalls, enclosures, grooming tools, and/or other equine equipment and tack.
- ❖ Allergic reactions or illness due to animals, hay, and/or other allergens.
- ❖ Tripping due to equipment, holes, and/or materials.
- ❖ Falling, slipping, or otherwise being injured in the barn, stalls, or the grounds of Triple C Stable LLC, which can be muddy, slippery, or wet due to weather or other hazards.

I hereby specifically forever waive and release Triple C Stable LLC and its principals and agents from any liabilities for injury arising out of the inherent risks from riding, working, or participating in a stable event and/or with horses, as well as from negligence of Triple C Stable LLC.

By signing this agreement, I hereby acknowledge although there may be supervision during my child's time spent at Triple C Stable LLC, there will not be a nurse on the premises. Triple C Stable LLC principals and agents bear no responsibility for my health or medical care.

I agree to indemnify, save and hold harmless Triple C Stable LLC and its principals and its agent from and against any loss, liability, damage, attorneys' fees, or participation at Triple C Stable LLC or any acts or omissions of principals or agents of Triple C Stable LLC.



By signing this agreement and initialing the paragraph below, I hereby acknowledge my complete understanding, and being of sound mind, agree and consent to my child's presence and/or participation in the activities at Triple C Stable LLC, without restriction, without liability to Triple C Stable LLC, its principals or agents, and with full knowledge and understanding of the disclosures, waivers, and release herein.

Initials \_\_\_\_\_

If my child or I are present and participate in the activities of Triple C Stable LLC, we do so at our own risk, and I hereby acknowledge and agree Triple C Stable LLC and/or any of its principals and agents shall bear no responsibility or risk associated with injuries arising from my child's presence or participation at Triple C Stable LLC.

Parent/ Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ \_\_\_\_\_ Guardian's \_\_\_\_\_ Printed \_\_\_\_\_ Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Printed \_\_\_\_\_ Participant's \_\_\_\_\_ Name: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

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

**Medical information**

Preferred hospital: \_\_\_\_\_

Participant's \_\_\_\_\_ pediatrician/ \_\_\_\_\_ doctor \_\_\_\_\_ and \_\_\_\_\_ phone \_\_\_\_\_ number \_\_\_\_\_ :

Insurance: \_\_\_\_\_

Please list any allergies or medical concerns the participant may have:

\_\_\_\_\_

\_\_\_\_\_



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Deposit \_\_\_\_\_ Date \_\_\_\_\_

Paid in Full \_\_\_\_\_ Date \_\_\_\_\_