



This agreement is for any and all horses at:

Indian Rock Stables
28 Walden Terrace
Saugus, MA 01906

Student/Rider Name: _____

I agree and understand that horseback riding is a hazardous and dangerous activity and involves a risk of injury to any and all parts of said student/rider's body, which could further result in said student/rider being incapacitated and to unable to work. I agree that I am solely responsible for and hereby expressly and freely assume and accept all risks of damage, injury, and/or other related activity in connection with Indian Rock Stables whether caused to or by myself, my spouse (if any) and each and every child of mine (if any), whether or not the child is a minor.

I agree to fully indemnify and hold harmless and hereby release Indian Rock Stables, its directors, officers, employees and the owners of the real estate at which Indian Rock Stables is situated and each of them, of and from all now existing and/or hereafter arising claims, liabilities, causes of action, losses or damages, including death and any disability and/or loss of earnings or earning capacity, in part caused by, arising from, or in connection with any horseback riding activity and/or lesson, in connections with whether caused to or by said student/rider, whether said student/rider by myself, my spouse (if any) and/or each and every child of mine (if any), whether or not the child is a minor.

I represent and warrant that I am 18 years of age or older. This instrument shall insure to the benefits on Indian Rock Stables and the owner of the property at which Indian Rock Stables is situated and each of their heirs, executors, successors and assigns. This agreement shall be governed and constructed my Massachusetts law and is deemed executed and delivered by Massachusetts. This agreement cannot be orally modified, but can only be modified by a written instrument signed by Indian Rock Stables and the owners of the property that Indian Rock Stables is situated. The invalidity of any portion of the agreement shall not effect the validity of the remainder hereof.

There are no warranties expressed or implied herein. I have read this agreement and understand its contents.

Signed as a sealed instrument this _____ day of _____ (month, year)

Printed Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Signature/Guardian: _____

Contact In Case of Emergency

1. Name: _____

Relationship: _____

Phone Number: _____

2: Name: _____

Relationship: _____

Phone Number: _____

Food/Drug Allergies/Medical Conditions
