

RELEASE

WARNING: Under the Michigan Equine Activities Liability Act (1994 P.A. 351), an equine professional is not liable for any injury to or the death of a participant in an equine activity resulting from the inherent risk of the equine activity.

NAME of Contracting Party/Parent	Name of Child or Legal Ward	AGE

IT IS HEREBY AGREED:

1. I enter into this agreement today and for all future dates with GW Horses & Tack, LLC and G&D Acres, LLC as a condition for allowing me or my child/legal ward to enter the property of G&D Acres, LLC, or to participate in any activities put on by GW Horses & Tack, LLC. Such activities include but are not limited to being a participant riding horses/ponies or as a spectator. I understand that horses and/or horse activities are inherently dangerous. I UNDERSTAND THE RISKS AND DANGERS AND VOLUNTARILY AGREE TO ASSUME THEM.

2. LIABILITY RELEASE. I understand that this liability release shall constitute a waiver of liability beyond the provisions of the Michigan Equine Activity Liability Act 1994, P.A. 351. I assume full responsibility for any and all property damages and/or bodily injuries which I may suffer personally or that my child/legal ward may suffer. On behalf of myself, my child/legal ward, my heirs, administrators, personal representatives or assigns, I release and discharge G&D Acres, LLC, GW Horses & Tack, LLC, Gary and Deborah Wright, as well as their managers, officers, employees, agents, representatives, assigns, and all others acting on their behalf of and from all claims, demands, actions, omissions, cause of action, (present and future), or property damage, which may occur.

3. INDEMNIFICATION. I agree to indemnify and hold harmless G&D Acres, LLC, GW Horses & Tack, LLC, Gary and Deborah Wright, and their managers, officers, employees, agents, representatives, assigns, and all others acting on their behalf against all damages sustained or suffered by any third person(s) including, but not limited to my relatives and guests, from any and all injuries or damages whatsoever that I may cause while being on the premises of G&D Acres, LLC, or while participating in any activities put on by GW Horses & Tack, LLC. This indemnification shall include paying attorney fees and costs.

4. HELMET ADVISORY. I acknowledge for myself or for my child/legal ward, that I have been advised by G&D Acres, LLC and GW Horses & Tack, LLC, that I and/or my child/legal ward my should wear a properly fitted and secured ASTM/SEI-certified equestrian riding helmet while riding horses/ponies at the G&D Acres, LLC, or participating in any activities put on by GW Horses & Tack, LLC.

5. MEDICAL INSURANCE. I, for myself, and/or on behalf of my child/legal ward, represent that I have medical insurance and/or sufficient capital to cover any bodily injury or property damages that I or my child/legal ward may suffer.

I HAVE READ THIS ENTIRE RELEASE AND UNDERSTAND AND AGREE TO ITS TERMS.

Signature	Date
Address:	Phone #
	Email: