

RELEASE AND WAIVER OF EQUINE LIABILITY,
ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

Name(s): _____

Address: _____

Telephone: _____

Date: _____

I/we hereby enter into this Release and Waiver of Equine Liability, Assumption of Risk, and Indemnity Agreement (this "Agreement") as consideration for being a participant in or spectator of equine activities at Apple Hill Stables, LLC, located at 4261 Union Street, Levant, Maine 04456.

IMPORTANT NOTICE

BY SIGNING THIS AGREEMENT, YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE ARISING OUT OF YOUR PARTICIPATION IN EQUINE ACTIVITIES AT APPLE HILL STABLES, LLC, WHETHER CAUSED BY NEGLIGENCE OR OTHERWISE.

READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOUR UNDERSTANDING OF AND AGREEMENT TO ITS TERMS.

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

- **Bites, kicks, abrasions or contusions from horses**
- **Being thrown or bucked off by horses**
- **Scratches or other injury from stalls or enclosures**
- **Scratches or other injury from grooming tools and other equine equipment and tack**
- **Allergic reactions to animals, hay or other allergens**
- **Tripping in holes or on materials or equipment**
- **Slipping, falling, or otherwise being injured in the barn, in stalls, or on the grounds, which can be slippery, muddy, wet or contain or present other hazards**

I/we hereby specifically forever waive and release Apple Hill Stables, LLC, its related entities and any of their members, owners, principals, agents, representatives, employees, equine professionals, or facilities (collectively, the "Released Parties"), from any liability for any bodily injury, death, or loss of personal property and expenses thereof arising out of the inherent risks of participating in equine activities, including without limitation the risks listed above, EVEN IF THE RELEASED PARTIES NEGLIGENCELY CAUSED THE BODILY INJURY, DEATH, OR PROPERTY DAMAGE.

I/we hereby acknowledge that although there may be supervision by one or more equine professionals at Apple Hill Stables, LLC, there will not be a nurse on the premises and the Released Parties bear no responsibility for my or my child(ren)'s health or medical care.

I/we certify that I/we have sufficient health, accident, and liability insurance to cover any bodily injury, death, or property damage caused to a third party as a result of my and/or my child(ren)'s participation in equine activities. If I/we have no such insurance, I/we certify capability for personally paying for all such expenses.

I/we agree to indemnify, save, and hold harmless the Released Parties from and against any loss, liability, damage, attorneys' fees, or cost that any of them may incur arising out of or in any way connected with either my and/or my child(ren)'s participation in equine activities at Apple Hill Stables, LLC.

I/we hereby acknowledge that I/we have fully read this Agreement and clearly understand and accept the entire document. I/we understand that it affects my and/or my child(ren)'s legal rights and hereby consent to be bound by its terms. I/we sign this Agreement of my and/or my child(ren)'s own free will with full knowledge of its consequences and herein acknowledge that this Agreement shall be binding on me and/or my child(ren) during the entire period of participation in equine activities, whether on this date or any subsequent date.

If I and/or my child(ren) participate in equine activities at Apple Hill Stables, LLC, I and/or my child(ren) assume any such risk and hereby acknowledge and agree that the Released Parties shall bear no responsibility for the inherent risks involved in participating in equine activities.

WARNING: Under Maine law, an equine professional has limited liability for an injury or death resulting from the inherent risks of equine activities.

Participant/Legal Guardian's Signature: _____

Child's Signature: _____

Child's Signature: _____

Child's Signature: _____

Child's Signature: _____

Child's Signature: _____