

RELEASE OF LIABILITY FOR ALL HORSE RELATED ACTIVITIES

I, as rider, parent, guardian or owner (circle all that apply) _____
and in consideration of service provided by Bay Meadow Farm LLC, Jennifer Kraus, their
employees and their volunteers make this release of all liability.

As rider, parent, guardian and/or owner, I understand that there are substantial risks and
dangers inherent in horse activities including, but not limited to, boarding, training,
lessoning on and riding horses. I further realize and acknowledge that dangers may arise
at any time, to my horse, the horse I am riding, leasing or lessoning on, my property, my
child(ren), my guest(s) or myself in any riding, boarding, lessoning and/or training
activity. I realize that injuries may arise at any time, anticipated or unanticipated, to my
horse, the horse I am riding, lessoning on and/or leasing, my property, my child(ren), my
guest(s), or myself from horse related causes.

In consideration for the service provided by Bay Meadow Farm LLC, Jennifer Kraus, their
volunteers and employees, I hereby voluntarily assume all risks and danger including injury,
harm or damage to my horse, the horse I am riding, leasing or lessoning on, my property, my
child(ren), my guest(s) from any cause whatsoever. This includes but is not limited to, the use of
the facilities, outer domains, horses and services of Bay Meadow Farm LLC, their employees
and volunteers, Jennifer Kraus, and their agents and heirs from all liability, harm, injury or
damage that may happen to my horses(s), the horse I am riding, lessoning on, leasing, my
property, my child(ren) or myself arising directly or indirectly from activities or services they
provide.

This release is binding on myself, as well as my heirs, assign personal representatives and
successors.

**I have fully read and understand this release of all liability; I sign it as my voluntary
act with full understanding.**

Dated this _____ day of _____, 20_____.

Signature (Owner, Parent, Guardian, Rider, Lessee, Visitor, Volunteer, Employee)

Name of rider, child(ren), volunteer, employee or visitor, engaged in horse related activities.

Address	City	State	Zip	Phone
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Emergency Contact Name	Phone
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