

RELEASE  
COVENANT NOT TO SUE AND ASSUMPTION OF RISK

I, on my behalf, and on the behalf of my minor child, and on behalf of our heirs and successors in interest,

(a) Acknowledge that I am personally aware of the inherent and potential danger of injury or loss associated with riding and being in the presence of horses and the equipment related to those endeavors:

(b) Expressly agree to assume the risk for any and all injury or loss caused or contributed to by riding or being in the presence of the horses and the equipment related to those endeavors:

(c) Expressly covenant not to sue or make claim against Robert K. Billings and Little Pond Farm, LLC, individually or jointly, together with their agents, servants or employees for damages for injury or loss caused, contributed to, or in any way arising out of, riding or being in the presence of the horses and the equipment relating to those endeavors:

(d) Agree to release, indemnify and hold harmless Robert K. Billings and Little Pond Farm, LLC, individually or jointly, together with their agents, servants or employees from any and all claims for damages, loss or injury caused by riding or being in the presence of horses or the equipment associated with such endeavors:

(e) Agree and understand that Robert K. Billings and Little Pond Farms, LLC together with their agents, servants, or employees will not be responsible for any injury to animals left in their care, with injuries may be due to hauling, fire, theft, animal collision, escape, bodily injury or property damage caused by the horse or acts of God: and

(f) All veterinarian bills and medicines are the sole responsibility of the owner(s) of the horse. I understand that by signing this document I am waiving legal rights that may be otherwise available and that I have been afforded the opportunity to seek legal advice before signing.

\_\_\_\_\_ (Print Name)      Email: \_\_\_\_\_

\_\_\_\_\_ (Signature)      Address: \_\_\_\_\_

\_\_\_\_\_ (Date)      \_\_\_\_\_

Minor Child Name, if applicable:      Phone: \_\_\_\_\_

\_\_\_\_\_      Emergency Contact & Phone: \_\_\_\_\_

\_\_\_\_\_ (Witness/print)      \_\_\_\_\_

\_\_\_\_\_ (Signature)      \_\_\_\_\_

\_\_\_\_\_ (Date)