

WAIVER, AGREEMENT, AND LIABILITY RELEASE

WARNING: Under the Michigan Equine Activity Liability Act, MCL 691.1661 et seq (“the Act”), an equine professional is not liable for an injury to of the death of a participant in an equine activity resulting from an inherent risk of the equine activity.

In consideration for my (or my minor child’s) entrance to the premises of Legacy Stables, Karin’s Horse Connection, A Vaulting Connection, Legacy Jr.s’, and or Therapeutic Horse Connection, located at 8001 Patterson SE, Caledonia, MI 49316, including its buildings, arenas, trails, and surrounding land, whether leased, owned or adjacent (the “Facility”), and/or for participating in equine activities, whether I am a boarder, trainer, rider, spectator, or other participant, I agree as follows:

IT IS MUTUALLY UNDERSTOOD AND AGREED THAT THE WAIVER, AGREEMENT, AND LIABILITY RELEASE SET FORTH IN THIS DOCUMENT CONSTITUTES A WAIVER OF LIABILITY BEYOND THE PROVISIONS OF THE ACT. I assume full responsibility for any and all bodily injuries and related medical expenses and/or property damage or loss which I or my minor child may sustain while at the Facility, without limitation and without regard to the exceptions set forth in the Act. To the greatest extent allowed under Michigan law, I do agree to indemnify, hold harmless, release, and discharge the Facility, and its Board; Board members; administrators; directors; owners; officers; managers; independent contractors; employees; agents; representatives; assigns; owners of premises, trails and adjacent land; insurers; volunteers; and any others acting on its behalf (collectively the “Associates”) from any and all claims or law suits including but not limited to personal injury, death, property damage, or property loss suffered by myself or my minor child, that arises in connection with my own or my minor child’s participation in any equine activities, equine-related events, and/or which occurs while visiting the Facility. I also agree to pay the Facility’s and/or its Associates’ reasonable attorney’s fees or expenses incurred in defense of any such claims/suit brought by me or my minor child against them.

This agreement shall be legally binding upon me, my heirs, estate, assigns, and personal representatives. This agreement shall be interpreted according to the laws of Michigan. Should any clause conflict with State law, that clause will be null and void and the remainder of this Agreement shall remain in effect. Any disputes shall be litigated in a state or federal court of proper jurisdiction located in or nearest to Allegan County, Michigan.

I HAVE READ THIS ENTIRE WAIVER, AGREEMENT, AND LIABILITY RELEASE AND ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT I GIVE UP THE RIGHT TO MAKE A CLAIM OR FILE A LAWSUIT AGAINST THE FACILITY AND ITS ASSOCIATES, EVEN IF THEY OR ANY OF THEM NEGLIGENTLY CAUSE BODILY INJURY, DEATH, OR PROPERTY DAMAGE. I AM 18 YEARS OLD OR OLDER, OF SOUND MIND, AND NOT SUFFERING FROM SHOCK, OR UNDER THE INFLUENCE OF ALCOHOL, DRUGS, OR OTHER INTOXICANTS.

Participant’s name _____ Parent/Guardian name _____

Signature or Signature of Parent or Guardian Date

Address: _____ City: _____, MI Zip: _____

Cell Phone: _____ Home Phone: _____ E-mail: _____

- Please check one:
- Trailblazer/Leisure Lessons..
 - KinderPony Program.....
 - Therapeutic
 - Vaulting
 - One-Time Ride.....
 - Birthday Party
 - Other.....

How did you find out about us?

Do you want to receive our newsletter?
Yes___ No___

Photo Release

I give my permission to Legacy Stables/Karin’s Horse Connection/Therapeutic Horse Connection/Legacy Juniors/and or A Vaulting Connection to use my and/or my child’s photo or image and/or videotaping and/or artwork for use in general information, promotional materials, YouTube, Facebook, and any other marketing activities or promotional materials.

Signature or Signature of Parent or Guardian Date