

Harmony Horse Stables, LLC

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Authorization Form

Release

I, the student, (or parent or guardian) recognizes the inherent risks of injury involved in horseback riding generally, and in learning to ride in particular. In taking lessons at Harmony Horse Stables, LLC, I assume any and all such risk of injury and further, I voluntarily release Harmony Horse Stables, LLC, its owners, instructors, employees, and agents from any and all responsibility on account of injury I (or my child or ward) may sustain while on the premises of Harmony Horse Stables, LLC, and I agree to indemnify and hold harmless Harmony Horse Stables, LLC, its owners, instructors, employees and agents of account of any such claim.

Signed _____

Date _____

Student (Parent or Guardian)

Warning:

Under Massachusetts Law, an equine professional is not liable for an injury to, or the death of, a participation in equine activities resulting from the inherent risks of equine activities, pursuant Chapter 128, Section 2D of the General Laws.

Medical Authorization

In the event that the above named Student requires medical treatment on account of any accident or injury which may occur in connection with any activities at Harmony Horse Stables, LLC, or of the staff/instructors of Harmony Horse Stables, LLC, and its owners are hereby given full authority to engage any necessary emergency medical services for the above named Student including the administration of anesthesia, in the event that the Student is not able to act for himself/herself (or in the absence of a Parent of Guardian).

I, (the above named Student) am allergic to the following medications. (If none, so state)

I/We have read the LESSON PROGRAM APPLICATION, RIDING WAIVER, SAFETY RULES, PACKAGE AND CANCELLATION POLICY and AUTHORIZATION FORM carefully and fully understand the contents of these documents. I/We agree to the contents of these documents.

STUDENT _____ DATE _____

PARENT/GUARDIAN _____ DATE _____

INSTRUCTOR _____ DATE _____

Harmony Horse Stables, LLC _____ Date _____