

**LAMOREAUX RIDGE EQUESTRIAN CENTER, LLC**  
**LIABILITY RELEASE FORM**

The undersigned hereby releases LAMOREAUX RIDGE EQUESTRIAN CENTER, LLC, CARRIE A. LAMOREAUX, SEAN R. LAMOREAUX, and any other affiliated business entities, instructors or property owner associated with LAMOREAUX RIDGE EQUESTRIAN CENTER, LLC and their respective agents and employees from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by the undersigned, or any person under the control and supervision of the undersigned, or any property of any such person while in or upon said premises, or any premises leased to, owned by, or under the controlled supervision of any of the above named business entities or persons.

The undersigned understands that the activity of horseback riding involves numerous risks of injury that are their responsibility and agrees to assume these risks, including loss of control, collision and obstacles, whether they are obvious or not obvious. All riders are required to wear protective headgear that meets ASTM SEI safety standards.

The undersigned further understands that an animal, irrespective of its training and usual past behavior and characteristics may act or react unpredictably at times based upon instinct or fright which is an inherent risk to be assumed by each participant in the riding activity. **THE UNDERSIGNED AGREES TO ASSUME THE RISK OF INJURY OR DEATH CAUSED BY HORSEBACK RIDING.**

The undersigned hereby releases from any legal liability LAMOREAUX RIDGE EQUESTRIAN CENTER, LLC, CARRIE A. LAMOREAUX, SEAN R. LAMOREAUX, and all of the affiliated business entities, agents instructors and employees for any injury or death caused by or resulting from their participation in the activity of horseback riding, **WHETHER OR NOT SUCH INJURY OR DEATH WAS CAUSED BY THEIR NEGLIGENCE OR FROM ANY OTHER CAUSE.**

The undersigned being fully aware of the risks and hazards inherent in entering said premises hereby elects voluntarily to enter upon premises, knowing their present condition and knowing that said condition may become more hazardous and dangerous during the time and that the undersigned is upon said premises.

The release extends to any and all liability arising out of or in any way connected with the provision of ambulance service and medical or paramedical attention or the failure to provide therefore.

This release shall be binding upon the distributees, heirs, next-of-kin, personal representatives, executors, and administrators of the undersigned.

In signing the foregoing release the undersigned hereby acknowledges and represents that he / she has read the abovementioned release, understands it, and signs it voluntarily, and that he / she is over 18 years of age and of sound mind.

**WARNING**

**Under the Michigan Equine Activity Liability Act, an equine Professional is not liability for an injury to or death of a Participant in an equine activity resulting from an inherent Risk of the equine activity (AP 351 of 1994)**

**Both the applicant student and a parent or guardian must carefully read and sign this form if the student is a minor.**

I HAVE read and understand the above terms of this agreement and release and I agree to such terms.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (or name) of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature or Parent or Guardian