



Carey Springs Farm, LLC  
 Liability Release & Waiver Form  
 3599 Fehd Road, Elberfeld, IN 47613  
 (812)549-7536, carey@careyspringsfarm.com  
 careyspringsfarm.com

<b>Participant Name:</b>		<b>Cell Phone:</b>	
<b>Street:</b>		<b>Email:</b>	
<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>
<b>Medical conditions or physical limitations that would impact ability to participate:</b>			
<b>Emergency Contact Name:</b>		<b>Emergency Contact Phone:</b>	
<b>Photo Release:</b> I grant permission to capture and use photographs and/or video to be used solely in promotional materials, and I waive any rights of compensation and ownership.			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If participant is under 18 years of age or has a legal guardian, please complete the following:</i></b>			
<b>Parent/Guardian Name:</b>		<b>Participant's Age:</b>	<b>Participant's Grade Level:</b>

**Consent to Liability Release and Waiver**

I acknowledge that the scope of the Program has been fully explained to me, including the potential for injury which can occur during activities with the horses. I understand that all activities can be hazardous. I am voluntarily participating in the Program with knowledge of the danger involved and agree to accept any and all risks of injury, death, or damage. In consideration for being permitted to participate in the Program:

1. I RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE **CAREY SPRINGS FARM, LLC**, and its owners, employees, contractors, agents, assigns, volunteers, and anyone associated with the Program, all for the purposes herein referred to as 'RELEASEES', from any and all liability, actions, claims or demands, either now or hereafter, to legal representatives, guardians, assigns, heirs, and next of kin, all for the purposes herein referred to as 'RELEASORS', for injury, death, or damage, resulting from participation in Program as a result of the negligence of RELEASEES.
2. I AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS RELEASEES from any loss, liability, damage, or cost that I may incur due to my participation in the Program.
3. I ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to any actions of RELEASEES resulting from participation in the Program.
4. I EXPRESSLY ACKNOWLEDGE AND AGREE THAT ACTIVITIES INVOLVING HORSES and other related activities CAN BE DANGEROUS AND INVOLVE RISKS OF SERIOUS INJURY and/or death and/or property damage.
5. I further expressly agree that the foregoing release, assumption of risk, and indemnity agreement is intended to be as broad and inclusive as is permitted by law and that if any portion of this agreement thereof is held invalid, it is agreed that all other provisions shall remain in full legal force and effect.
6. I AGREE THIS AGREEMENT CONTAINS THE ENTIRE AGREEMENT between the parties related to the matters specified herein and supersedes any prior oral or written statements or agreements between the parties related to such matters.

**Warning:** Under Indiana law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

**I have read and agree to the terms of this release. If participant has a legal guardian:**

_____	_____	_____	_____
Signature of Participant	Date	Signature of Parent/Guardian	Date
		_____	_____
		CAREY SPRINGS FARM, LLC	Date
		Agent	