

RELEASE AND INDEMNITY AGREEMENT

When riding and/or stabling at Echo Farm, Spring Street, South Salem, NY, I _____ understand that I must assume all risks in connection with any accident and/or damage befalling me, my horse, the rider, my guests and/or my or their property. I know that horseback riding and its related activities are inherently dangerous and I hereby assume all of the risks of riding and its related activities.

I hereby release Caroline Kuntz - Bauer, ECHO FARM, and Keith Bauer, and their employees and agents from any and all claims and liabilities arising on account of any or all damages to me and/or my property (or to my child or my child's property) which may arise during lessons, camps, clinics, etc., or day to day activities at ECHO FARM. I hereby indemnify and hold harmless Caroline Kuntz - Bauer, ECHO FARM, Keith Bauer and their employees and agents from any loss or claim arising from the actions of me (my child), my horse and/or my guests at ECHO FARM.

I further agree to wear at all times when mounted (and to ensure that my child and my guests wear at all times when mounted) an approved helmet and appropriate footwear, and not to allow any guest to ride my horse unless and until he or she has signed a release.

I hereby authorize ECHO FARM, Caroline Kuntz - Bauer and their agents and employees to do whatever, in the exercise of their discretion, they deem necessary for the general health and welfare of my horse(s), including the procurement of medical service, and in the case of an emergency, euthanasia. I will be responsible for any expense incurred. You will, however, make a reasonable attempt to give me notice before authorizing medical service, if practical under the circumstances.

Dated: _____ Signature: _____

Note: If rider is under 18 years of age, signature of parent/guardian is required.

Rider Name:	Horse Name:
Address:	Horse Ins.
Tel. Home:	Tel #:
Cell #:	Vet:
Emergency #:	Tel. #:
Emergency Contact Name:	