

FOXRUN FARM HORSE RIDING LESSONS, PONY CAMP

& GROUP EVENTS during 2020

**EQUINE INSTRUCTIONAL PROGRAMS, ACTIVITIES and EVENTS CONDUCTED
by MARYANN D'AURIA**

at Foxrun Farm, 800 Cox Lane, Cutchogue, NY 11935

REGISTRATION, LIABILITY WAIVER & PHOTOGRAPHIC RELEASE FORM

Date: ____/____/____

PARTICIPANT'S NAME _____ DOB ____/____/____ AGE ____

HOME ADDRESS: _____

PARENT/GUARDIAN: _____ CELL #: (____) _____

HOME PHONE NUMBER: (____) _____ E-MAIL _____

EMERGENCY CONTACT: (same as above or:)

NAME: _____ CELL #: _____

E-MAIL ADDRESS: _____

Signature Required on Page 2

PARTICIPANT _____ (Name) would like to participate in the equine instructional programs, activities and events conducted by Maryann D'Auria at the equestrian center located at 800 Cox Lane, Cutchogue, New York. I understand and acknowledge the risks and potential for risks of horseback riding and related equine activities including grievous bodily harm. However, I feel that the possible benefits to myself/my child/my ward are greater than the risks assumed. In consideration of being permitted by Foxrun Farm Management Corporation (hereinafter referred to as "Foxrun Farm"). Foxrun Farm to enter upon the premises of the equestrian center and participate in the aforementioned activities, the undersigned hereby releases, waives and discharges Maryann D'Auria, individually and Foxrun Farm, their past, present, and future agents, officers, members, managers, insurers, and employees (hereinafter collectively as the "Releasee") from all liability to the undersigned, his/her personal representatives, assigns, heirs, and next of kin for any and all loss or damage and any claim or demands, therefore, on account of injury to the undersigned person, the person's horse, any type of property damage or resulting in the death of the undersigned, whether caused by the negligence of Releasee or otherwise, incident to or while the undersigned is engaging in any equine activity, including but not limited to horse shows, horse training or teaching activities, riding, whether mounted or un-mounted, assisting a person participating in an equine activity or show management, assisting in the medical treatment of a horse, assisting in the

feeding of a horse or giving a horse treats, inspecting or evaluating a horse or standing in proximity to any horse while on Releasee's premises. The undersigned expressly acknowledges and agrees the activities undertaken by the undersigned as contemplated above are inherently dangerous and involve risk of serious bodily injury and/or death. The undersigned hereby agrees to indemnify and save and hold harmless Releasee from any loss, liability, damage or cost they may incur due to the inherently dangerous activity described hereinabove, whether caused by the negligence of releasee or otherwise. The undersigned hereby assumes full responsibility for and risk of bodily injury, death due to the negligence of Releasee, or otherwise while participating in the inherently dangerous activities described hereinabove. The undersigned further expressly agrees the foregoing Release; Waiver and Indemnity Agreement is intended to be as broad and as inclusive as permitted by the laws of the State of New York, and if any portion hereof is held invalid, then the remainder of the Release, Waiver and Indemnity Agreement shall, not withstanding, continue in full force and effect.

The undersigned is eighteen (18) years of age or older, has read, understands and voluntarily agrees to all terms of this Release and Waiver of Liability and Indemnity Agreement. The undersigned expressly acknowledges no oral representations, statements, or inducements apart from the foregoing written agreement has been made.

PHOTOGRAPHIC RELEASE

Throughout the course of activities, our staff may take photos or other audiovisual materials of participants, horses and instructors. These images will only be used for promotion of our various programs. We will not use students' names, parents' names or any individual identifying data when using the images. By signing below, you give Maryann D'Auria and Foxrun Farm permission to use images of the program participant without charge / compensation in perpetuity to promote equine instructional programs, activities and events conducted by Maryann D'Auria and Foxrun Farm in print and digital media.

IN THE EVENT EMERGENCY MEDICAL TREATMENT is required due to illness or injury while being on the property of Foxrun Farm, I authorize Maryann D'Auria to:

1. Secure and retain medical treatment and transportation as needed and
2. Release records to the authorized individual or agency involved in the medical treatment program.

PARTICIPANT / PARENT SIGNED: _____ **DATE** ____ / ____ / ____

Relationship to participant, if minor: _____