



*connEQtions, Inc.
4016 Beckleysville Rd.
Hampstead, MD. 21074*

Liability Release Form

In consideration of the services provided through connEQtions, Inc., provided at 4016 Beckleysville Rd., Hampstead, MD. 21074, I hereby agree to release, indemnify, and discharge connEQtions, Inc., on behalf of myself, my children, my parents, my heirs, assigns, personal representative, and estate as follows:

I acknowledge that horseback riding, caring for horses, and all therapeutic and learning/self-discovery activities involving horses entail known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to me, to property, or third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: loss of control, collisions; horses, irrespective of their previous behavior and characteristics, may act or react unpredictably based upon instinct, fright, or lack of proper control by handler, latent or apparent defects or conditions in equipment, animals or property, acts of other participants in this activity, adverse weather conditions, contact with plants, insects, or animals; my physical conditions or my acts or omissions the conditions of remote roads, trails, waterways, or terrain, and accidents connected with their use, first-aid, emergency treatment or other services rendered; consumption of food and drink.

Furthermore, connEQtions, Inc. seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather, the elements, or the terrain. They may give inadequate warnings or instructions, and the equipment being used might malfunction.

I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate despite the risks.

I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless connEQtions, Inc., from all claims, demands, or causes of action, which are in any way connected with my participation in this activity, Farm equipment or contracted facilities, including any such claims which allege negligent acts or omissions of connEQtions, Inc.

Should connEQtions, Inc. or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions, which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against connEQtions, Inc. based on any claim form which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

All Riders and Parents or Legal Guardians must sign below after reading this entire document:

SIGNER STATEMENT OF AWARENESS

I/WE, THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE AND ASSUMPTION OF RISK. I/WE FURTHER ATTEST THAT ALL FACTS RELATING TO THE APPLICANT ARE TRUE AND ACCURATE.

DATE _____

SIGNATURE of Participant (Parent must sign for rider 17 & under.)

_____ for _____

SIGNATURE OF PARENT, or GUARDIAN (Please print)

DATE _____

SIGNATURE OF WITNESS

DATE _____