



**Mackenzie A. Appleman, Liberty Line Farm LLC,
Agreement, Waiver, & Release**

(Please read carefully before signing)

1. **Consideration and Identity of Parties.** In consideration for being allowed to engage in horse (equine) activities now and in the future, I agree to the terms and conditions of this Agreement, Waiver and Release on behalf of myself and (if applicable) on behalf of my child.

Name: _____ Age: _____

Name of Parents/Guardians (*if participant is under 18 years of age*): _____

Address: _____

Street

City

State

Zip

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

2. **Voluntary Activities.** I have voluntarily chosen to engage in various activities involving horses conducted by Mackenzie A. Appleman at Liberty Line Farm LLC. Those activities are all “Equine Activities” as provided by Pennsylvania Act Number 93 of 2005, as Amended 4 P.S. Section 601 et seq.
3. **Risks and Assumption of Risk.** I recognize that horses are animals, and can be unpredictable and inherently dangerous. I understand that anyone riding, handling, working with, or even near a horse can be injured. Horses are also known to kick, buck, rear up, shy, spin around, strike, bite, etc... I recognize that horses can do any of these things without warning. I also understand that all horses, even if they have no history of inflicting injury, are powerful and have the potential to be dangerous to people, horses, and other animals are around them. Risks also include natural and manmade hazards in the arena or terrain navigated by horses, and the close quarters of stables, barns and arenas. I understand that these are only some of the inherent risks associated with equine activities and I agree to assume all risks involved with horses, including all which are not specifically mentioned above. I understand that I am voluntarily assuming the risks of equine activities as provided by Section 2 of Pennsylvania Act Number 93 of 2005, as Amended 4 P.S. Section 602.

I understand that injuries sometimes can occur even when proper safety equipment is used, proper handling procedures are followed, and proper riding instructions are followed.

4. **Health and Safety.** I understand that equine activities require a certain amount of physical stamina and exertion. I hereby declare to Mackenzie A. Appleman and/or Liberty Line Farm that I am physically able to engage in any of the equine activities in which I may be participating. I also agree that I will conduct myself in a safe and prudent manner, will follow all instructions of Mackenzie A. Appleman, Liberty Line Farm and will properly wear and use all safety equipment as directed. If I use any of my own equipment, rather than any of the equipment which may be provided by Mackenzie A. Appleman, and/or Liberty Line Farm, I understand that I am solely responsible for maintaining that equipment in good working order. I understand that if I fail to act as required by this paragraph, I will be increasing the likelihood that I will suffer injuries or damages.

5. **Waiver and Release.** In consideration for being allowed to engage in equine activities now and in the future, I agree to assume full responsibility for any and all injuries and damages I may sustain or my horses may sustain, and I indemnify, release and discharge Mackenzie A. Appleman and/or Liberty Line Farm therein any property where I secure lessons from Mackenzie A. Appleman, and its owners, officers, employees, representatives and assigns from any and all claims and causes of action for any injury or damages which may arise as a result of engaging in any of the activities conducted by Mackenzie A. Appleman at Liberty Line Farm or any other property where Mackenzie A. Appleman may be providing riding lessons and/or training. My personal responsibility includes, but is not limited to, my understanding that I am solely responsible for any medical bills pertaining to any injuries I may suffer or my horse may suffer.

Emergency Contact Information. In the event of an emergency, please contact the following:

¹Name: _____ Relationship: _____
Address: _____

_____ *Street* _____ *City* _____ *State* _____ *Zip*

Home Phone: _____ Cellphone: _____ Work Phone: _____

² Name: _____ Relationship: _____
Address: _____

_____ *Street* _____ *City* _____ *State* _____ *Zip*

Home Phone: _____ Cellphone: _____ Work Phone: _____

Intending to be legally bound, I set my hand below, this _____ day of _____, 20_____.
Day Month Year

Participant Name (*Printed*): _____ Participant Signature: _____

If Minor, Parent Name (*Printed*) _____ Parent Signature: _____

Mackenzie A. Appleman (*Printed*) _____ Signature: _____