

**Horse Play**  
Deidre Sharp, President  
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Saunderstown RI 02874



Mailing Address:  
PO Box 305  
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Ph # (401) 294-3565 or 864-2943

Email: Info@HorsePlayRescue.org

Website: HorsePlayRescue.org

EIN: 05-0506340

### Liability Waiver

**THIS FORM MUST BE COMPLETED AND IN THE HANDS OF A HORSE PLAY REPRESENTATIVE OR THE MANAGEMENT OF OUR SATELLITE FARM BEFORE ANY PHYSICAL INTERACTION WITH A HORSE IN THE CARE AND CUSTODY OF HORSE PLAY.**

**NOTE: TAKE AS MUCH TIME AS YOU NEED TO FULLY CONSIDER THIS IMPORTANT DECISION. IF YOU HAVE ANY QUESTIONS, PLEASE CALL (401) 294-3565.**

This waiver releases Horse Play from liability due to any and all ordinary negligence and that except in the event of gross and willful negligence, I shall bring no claims, demands, actions and causes of action, and/or litigation, against Horse Play for my economic or non-economic losses due to bodily injury, death or property damage, sustained by me and/or my minor child or legal ward in relation to Horse Play and the premises and operations of the stable in which the equine is living, including while riding, handling or otherwise being near horses owned by or in the care, custody and control of Horse Play.

**I UNDERSTAND THIS IS A LEGALLY BINDING DOCUMENT FOR THE COMPLETE WAIVER OF ALL LIABILITY AS SET FORTH ABOVE. I HAVE CAREFULLY AND COMPLETELY READ THIS ENTIRE WAIVER AND UNDERSTAND WHAT I AM AGREEING TO.**

I have read the preceding and agree to all conditions set forth this  
\_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

**Date** \_\_\_\_\_ **By:**

**Date** \_\_\_\_\_ **Witness:**

**Sign** \_\_\_\_\_

**Sign** \_\_\_\_\_

**Print** \_\_\_\_\_

**Print** \_\_\_\_\_

**Email** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

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**Horse Play requires a hard copy of this form.**

Horse Play \* PO Box 305 \* Saunderstown, RI 02874 \* (401) 294-3565