

Greylyn Show Stable & Riding Academy
GREYLYN FARM, INC.

LIABILITY RELEASE FORM

1. Rider and parent/legal guardian understands there are risks in and around equine activities, and, that an equine activity sponsor and/or equine professional and/or manager/instructor is not liable for an injury to, or the death of a rider, and/or a participant in equine activities resulting from the inherent risk of equine activities.
2. RIDER AGREES TO ASSUME ANY AND ALL RISKS INVOLVED IN OR ARISING FROM RIDER'S USE OF OR PRESENCE UPON RACHAEL TENNYSON/GREYLYN SHOW STABLE & RIDING ACADEMY/ GREYLYN INC./ASHLEY MEADOWS FARM/INSTRUCTORS/VOLUNTEERS/ PROPERTY AND FACILITIES including, without limitation but not limited to: the risks of death, bodily injury, property damage, falls, kicks, bites, collisions, horses or stationary objects, fire or explosion, the unavailability of emergency medical care, and/or the negligence and/or the deliberate act of another person.
3. Rider agrees that Rachael Tennyson/Greylyn Inc./Greylyn Show Stable & Riding Academy//Ashley Meadows Farm/Owners/Instructors/Independent Contractors/Trainers/Counselors/Volunteers and all successors, assigns, subsidiaries, franchisees, officers, directors, employees and agents completely harmless and not liable and releases them from all liability whatsoever and AGREES NOT TO SUE them on account of or in connection with any claims, causes of action, injuries, damages, costs or expenses arising out of Rider's use of or presence upon equine property and facilities, including without limitation, those based on death, bodily injury, property damage, including consequential damages, except if the damages are caused by the direct, willful and wanton gross negligence of the above mentioned or Manager/Instructor. I also release Rachael Tennyson/Greylyn, Inc. and hold harmless from any illness arising or related to covi19.

I have read and understand this release.

X _____

Rider's Signature or Parent/Guardian (if rider is a minor)

_____ Date

X _____

Rider's Name Print

RIDER CONTACT INFORMATION

Rider Name _____

Parent Name _____

Address _____

Phone #1 _____

Emergency _____

Email _____

790 Darby Paoli Road Berwyn PA 19312