**Patch Wood Farm Release Form 2020**

Patch Wood Farm • Sandown NH • (978) 273-0893

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to release for all purposes Patch Wood Farm, its employees, agents, boarders, contractors and managing members, as well as the owners of 40 & 42 Hawkewood Rd., Sandown, NH 03873 (collectively, the "Equine Activity Sponsors") from any liability related to riding, training, grooming or equestrian activities provided by Patch Wood Farm. I understand, acknowledge and affirm the limitations of liability provided by New Hampshire law (See RSA 508:19) for Equine ActivitySponsors.

Each participant in an equine activity expressly assumes the risk of and legal responsibility for any injury, loss or damage to person or property which results from participation in an equine activity. Each participant shall have the soleresponsibility for knowing the range of his or her ability to manage, care for, and control a particular equine or perform a particular equine activity, and it shall be the duty of each participant to act within the limits of the participant's own ability, to maintain reasonable control of the particular equine at all times while participating in an equine activity, to heed all posted warnings, and to refrain from acting in a manner which may cause or contribute to the injury of anyperson.

In signing this release I agree that I am aware of the risks and dangers involved with horseback riding and the related equine activities. I understand that horses/ponies are large and unpredictable animals by nature, that they may bite, buck, kick, rear and otherwise act in manner which could hurt me or my child, that even the most experienced riders may have difficulties controlling an animal, and that the resulting risks can cause serious bodily injury or even death.

Being aware of these risks associated with horses/ponies, horseback riding and all equestrian as well as farm activities, including but not limited to goat and dog handling and other various animals at Patch Wood Farm, I consent to and assume these risks. I also agree that in addition to the limitations of liabilities provided by state law, to hold the Equine Activity Sponsors harmless for any injury or damage I or my child suffer while engaged in an Equine Activity.

I also grant Patch Wood Farm permission to take and use photographs of me and/or my minor for promotional purposes.

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Name of Participant (please print) DOB

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Date Signature (of Parent or Legal Guardian if under 18 years of age)

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Street Address / Town / State / ZIP

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number Emergency Contact and Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email

Any known allergies or medical conditions: