



PINE FALL FARM

271 ELMWOOD RD.
LUNENBURG, MA 01462

HOLD HARMLESS AGREEMENT

Name of Rider: _____

Name of Parents (if under 18): _____

Today's Date: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

Emergency Information

Contact: _____ Telephone: _____

Alternate Contact: _____ Telephone: _____

Healthcare Provider/Insurance #: _____

Allergies: _____

"I hereby grant Pine Fall Farm or their agents the right to seek whatever emergency treatment they feel is necessary to protect the well being of the above individual."

Signature: _____ Date signed: _____

WARNING:

Under Massachusetts law, an equine professional is not liable for an injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 2D of chapter 128 of the General Laws.

I hereby acknowledge that being around horses, including their riding, entail inherent danger and, while care is taken, there is still a risk of serious or even fatal injury.

In consideration of the above statement, I hereby agree to hold harmless Pine Fall Farm, their agents, servants, or employees, jointly or severally for any accident, injury, or loss sustained while engaged in horse-related activities whether on or off the premises.

Signature: _____

Parent's Signature (for those under 18): _____