

Keats Point Farm, LLC

Stable Connections

Participant Information:

Name: _____ Telephone: _____

Activity: _____ Date(s): _____

Address: _____

E-Mail _____

Birth Date: ____/____/____ Height: _____ Weight: _____

Emergency Contact: _____ Telephone: _____

Special Precautions/ Medical Needs/ Allergies/Food Sensitivities: _____

PHOTO RELEASE: I hereby authorize and consent that Keats Point Farm, LLC shall have the absolute right to copyright, publish, use, sell or assign any and all photographs, portraits, or pictures, television spots, movie films, videotapes and or sound recordings, or any part thereof, that have been taken of me.

(please initial) Yes _____ No _____

AUTHORIZATION: I hereby authorize any medical treatment deemed necessary in the event of any injury while participating in equestrian or any other activities. I either have appropriate insurance or, in its absence, agree to pay all cost of rescue and/or medical services as may be incurred on my/our behalf.

(please initial) Yes _____ No _____

LIABILITY RELEASE: I, _____, for and in consideration of the agreement of Keats Point Farm, LLC to provide Equine-Assisted Learning Activities including but not limited to the dates indicated above, do hereby forever release, acquit, discharge and hold harmless Keats Point Farm, LLC, its officers, trustees, agents, employees, representatives, successors and assigns, for all manner of claims, demands, and damages of every kind and nature whatsoever, which the undersigned may now, or in the future, have against Keats Point Farm, LLC, its officers trustees, agents, employees, representatives, successors or assigns on account of any personal injuries, physical or mental condition, known or unknown, to the undersigned and the treatment therefore as a result of, or in any way growing out of, the acts of Keats Point Farm, LLC, its officers, trustees, agents, employees, representatives, volunteers, successors or assigns, including but not limited to, their negligence or gross negligence, in rendering the services above described or in any way incidental thereto.

EQUINE ACTIVITY SPONSOR IS NOT LIABLE FOR ANY INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, INCLUDING BUT NOT LIMITED TO HORSEMANSHIP, HORSE GAMES, AND VARIOUS OTHER EQUINE ASSISTED LEARNING ACTIVITIES. ALL HORSES CAN BE DANGEROUS AND UNPREDICTABLE.

(please initial) Yes _____ No _____

WARNING: Under Virginia law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities. (Virginia Code Annotated Title 3.2-6200-6203)

WARNING: Under Virginia law, there is no liability for an injury to or death of a participant in an Agritourism location if such injury or death results from inherent risks of the Agritourism activity. Inherent risks of Agritourism activities include, among others, risks of injury inherent to land, equipment, and animals, as well as the potential for you to act in a negligent manner that may contribute to your injury or death. You are assuming the risk of participating in this Agritourism activity.

I HAVE READ THE FOREGOING ACKNOWLEDGEMENT OF RISK, ASSUMPTION OF RISK, AND RESPONSIBILITY AND RELEASE OF LIABILITY. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I MAY BE WAIVING VALUABLE LEGAL RIGHTS. I UNDERSTAND THIS DOCUMENT IS BINDING FOR THIS DATE AND FOR THE DURATION OF THE SPECIFIED ACTIVITY.

DO NOT SIGN BELOW UNTIL YOU HAVE READ THE ABOVE FORM IN ENTIRETY.

Signature of Participant

Date

Print Participant Name

Signature of Parent/Legal Guardian (if a minor)

Date

Print Parent/Legal Guardian Name (if a minor)

*Anyone under 18 years of age must have this signed by a Parent or Legal Guardian.