

Marvin Savage Farm-Release Form

(please print & complete fully)

Name _____

Address _____

City, State, Zip _____

Cell Phone _____

Home Phone _____

Vet _____

Vet Phone _____

Family Dr. _____

Dr Phone _____

Work Phone _____ E-Mail _____

Please add my e-mail address to mail list

Emergency Contact: # _____ Emer. Contact Name: _____

Horse(s) _____
(HORSE NAMES)

Level (circle one) A – I – P – T – N – BN –BN Level 1

Trainer: (name) _____ Cell Phone _____

Trainer e-mail address: _____

WARNING: UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES.

RELEASE

In consideration of receiving permission to enter upon, use and enjoy the premises known as Marvin Savage Farm, in Weatherford, Parker County, Texas, from time to time, the receipt of such permission being hereby acknowledged, and in further consideration of receiving permission to participate either as an owner, trainer, instructor, student, attendant, participant, or in any other capacity, in any equestrian activity, such as, showing, giving lessons, taking lessons, training, riding, or using equestrian facilities in any fashion, the undersigned hereby releases Marvin Savage Farm and any related or affiliated company or person, and their respective officers, directors, agents, and employees, of and from any and all liability, claims, demands, actions and causes of action whatsoever, arising out of or related to any loss, damage or injury, including death, that may be sustained by the undersigned or to any minor child that is the responsibility of the undersigned, or to any property or animal belonging to the undersigned, while in, on, or upon said premises, or any premises leased to, owned by, or under the control or supervision of any of the above-named entities or individuals. The undersigned also gives permission for themselves, family members, friends, or affiliates to be treated by a physician or a hospital on an emergency basis.

The undersigned being fully aware of the risks and hazards inherent in entering upon said premises, and/or in participating in any such equestrian activity held on said premises, hereby elects voluntarily to enter upon the premises, knowing their present condition and knowing that said condition may become more hazardous and dangerous during the time that the undersigned or his property or animal is upon said premises. The undersigned hereby voluntarily assumes all risk or loss, damage or injury, including death, sustained by the undersigned or to any minor child that is the responsibility of the undersigned, or any property or animal of the undersigned, while in, on, or upon said premises. This release shall be binding upon the heirs, personal representatives, executors and administrators of the undersigned. Likewise, it shall be binding upon all guests of the undersigned.

In signing the foregoing release, the undersigned hereby acknowledges and represents that he has read the foregoing release, understands it, and signs it voluntarily, and that he is over eighteen (18) years of age and of sound mind, or the parent or legal guardian of the participant, over eighteen (18) years of age and of sound mind.

EQUESTRIAN ACTIVITIES ENTAIL A CERTAIN AMOUNT OF RISK.

ENGAGE AT YOUR OWN RISK.

IF UNDER 18, DATE OF BIRTH: _____

Check here if participant is under 18 years old.

SIGNATURE: _____

DATE: _____

(If participant is under 18, release must be signed by Parent or Guardian, not by Trainer or Instructor)