



APPLICATION, LIABILITY & RELEASE AGREEMENT
FOR FREEDOM RIDE FARMS PARTICIPANTS

2522 South Porter Road, Breckenridge, MI ~ 989-492-4555 ~ Email: freedomridefarm@gmail.com

REGISTRATION (please print)

Student's Name: _____ Birthdate: _____ Age: _____

Address: _____ City: _____ County: _____

State: _____ Zip: _____ Email: _____

Phone numbers: Home: _____ Work: _____ Cell: _____
Other: _____

School or Institution (if applicable) _____
District: _____

Ethnicity:

_____ White _____ Hispanic _____ Native American _____ African American
_____ Arab American _____ Asian/Pacific Islander _____ Multi-Racial _____ Other

NAME(S) OF PARENT(S) or Guardian:

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____ Work/Cell: _____

- Person/party responsible for payment of participant tuition _____
Billing Address: _____ City: _____
State: _____ Zip: _____ Relationship to participant: _____
Phone: _____

PHOTO RELEASE

I _____ DO
_____ DO NOT

Consent to and authorize the use and reproduction by Freedom Ride Farms of any and all photographs, videotape, audio tape and any other audio visual materials taken of me, or as applicable, my son, daughter or ward to promote or benefit the Freedom Ride Farms or recreational farm activity forever waiving any compensation for such use:

Printed name _____

Signature: _____ Date: _____

(Participant, or parent/guardian if a minor)

Start Date: _____

RELEASE OF LIABILITY (please read carefully)

I, _____ (client's name), would like to participate in one or more therapeutic or able-bodied horseback riding classes or activities conducted by FREEDOM RIDE FARMS, a Michigan non-profit corporation. In connection with such a program, I acknowledge that horseback riding is, by its very nature, a risk activity. Horses can behave unpredictably without warning and can cause injury, harm or death to persons around them. For example, a loud noise, sudden movement or unfamiliar person or animal can cause a horse to be frightened and buck, bite, or kick. If I am around a horse in this condition, the horse could behave unpredictably and I could become injured as a result. **MINDFUL OF THIS RISK, I NEVERTHELESS BELIEVE THAT THE BENEFITS OF BEING A RIDER AT FREEDOM RIDE FARMS TO MYSELF, MY CHILD OR WARD ARE OF VALUE (continued).**

Accordingly, in consideration of being on the premises of Freedom Ride Farms, being near horses and farm animals at Freedom Ride Farms, and allowed to ride, and intending to be legally bound, I agree:

1. On behalf of myself, my heirs, representatives and assigns and, as applicable, my ward or my minor child, I hereby release and discharge Freedom Ride Farms; including its officers, directors, employees, agents, instructors, contractors all lawsuits, actions, damages, claims and liability whatsoever. Including death, and property damage or loss, which arise from or are in any way related to engaging in volunteer activity at Freedom Ride Farms, including but not limited to assisting therapeutic riding clients.
2. I further agree that this release and discharge of liability applies regardless of the legal cause of action on which my claim is based, including contract, strict liability, negligence, tort or any alleged violation of the Michigan Equine Liability Act (PA 1994 No. 351). I intend that my release and discharge includes all claims for damages resulting from the negligent act or omission of Freedom Ride Farms, including its officers, directors, employees, agents, instructors, contractors, riders and other volunteers, excepting only the sole gross negligence or sole willful and wanton misconduct of these parties.
3. I agree that this release of liability shall be governed by Michigan law and I acknowledge that the release exceeds the provisions of the Michigan Equine Liability Act because I am releasing Freedom Ride Farms and its related parties for all damages, liability and causes of action, except only those for sole gross negligence or sole willful and wanton misconduct.
WARNING: I UNDERSTANT THAT UNDER THE MICHIGAN EQUINE ACTIVITY LIABLITY ACT. AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN AN EQUINE ACTIVITY RESULTING FROM AN INHERENT RISK OF THE EQUINE ACTIVITY.
4. I have read and understand this release of liability. I hereby sign this release freely, knowingly and without coercion by anyone.

Date: _____

Signature of Client, or if a minor, his/her parent or guardian

Printed name of client or if a minor, his/her parent or guardian