

**VICTORY STABLES, INC.
STOUGHTON, MA 02072**

****RELEASE OF LIABILITY****

I understand that horseback riding and all activities related to horses/ponies can be dangerous!!
I understand that June Anne Gillis, June Anne Gillis Ahern, Scott Ahern, Victory Stables, their principals, servants, agents, and employees do not insure against all of the possible risks of injury and loss connected with horse/riding related activities.
I understand that injuries can occur due to my own negligence, negligence of others, or through no fault of anyone because of the unpredictable nature of horses/ponies.
I hereby voluntarily assume any and all risk of injury or death while upon the premises of Victory Stables or anywhere that contact is involved.
I voluntarily release June Anne Gillis/Ahern, her family, Victory Stables, their principals, servants, agents, and employees for any accident, loss, damage, injury or death occurring to myself, my minor or legal aged child, my horse or any of my property while in or on the premises or away from the premises.
I agree to indemnify and hold harmless June Anne Gillis/Ahern, her family, Victory Stables, their principals, servants, and agents and assign on account of any such claim.
By signing this release I understand that I am giving up, waving and releasing any and all right that I may have to sue or pursue court action against June Anne Gillis/Ahern, her family, Victory Stables, their principals, servants, or employees.

*****VALID HEALTH INSURANCE IS REQUIRED BY ALL PARTICIPANTS*****

~ WARNING ~

Under Massachusetts law, an 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 pursuant to Chapter 28, Section 2D of the General Laws.

I fully understand the consequences of this release, and I am signing the same knowingly and voluntarily.

Executed as a sealed instrument this _____ day of _____, 20____

Student: _____ Print name: _____

Address: _____ Phone # (____) _____ - _____, (____) _____ - _____

Date of birth: ____/____/____

Parent/Guardian: _____ Witness: _____