



## Guest Membership Release

Date: \_\_\_\_\_

### Contact Information:

name \_\_\_\_\_

street/p.o. box \_\_\_\_\_ town \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

phone: (    ) \_\_\_\_\_ text: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

guest of: \_\_\_\_\_

*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 risk of equine activities, pursuant to chapter 128, section 2D of the General Law. I understand fully that participation in activities involving horses involves a high risk that could potentially result in serious injury or death. I hereby acknowledge that I am participating at my own risk and agree to make no claims against the Hampshire County Riding Club, it's officers, members or volunteers nor against any owner of land which we are permitted to pass, for any damage or injury or loss which may occur to myself, my horse or any vehicle or other article. I further agree to hold the HCRC, it's officers, members and volunteers harmless from any liability, claims, suits, or damages of whatsoever kind or nature that may be occasioned by the horses, and I agree to indemnify and hold harmless that organization and individuals against all liability, claims, suits and expenses including attorney fee incurred, arising out of any injury to any person, or damage to any property caused by me, or my horse attendants.*

signature \_\_\_\_\_ signature \_\_\_\_\_ date \_\_\_\_\_

**For Riders under 18, both custodial parents/guardian must sign.**



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