



LIABILITY RELEASE

ALL PARTICIPANTS ARE REQUIRED TO SIGN THIS EQUINE RELEASE AND HOLD HARMLESS AGREEMENT

Name of Parade Participant: _____

Is this participant a minor? Yes No

- Riding a horse/mule/pony/donkey Driving a horse/mule/pony/donkey/mini
- Leading or walking with a horse/mule/pony/donkey/mini
- Passenger in or on a wagon, carriage, cart or other conveyance drawn by a horse/mule/pony/donkey/mini

I hereby recognize that horses/mules/donkeys/ponies and/or any and all activities pertaining thereto are inherently dangerous and constitute a significant risk to myself and all members of my party. Such danger and significant risk also includes, but is not limited to movement around and close proximity to said animals whether participating in equine activities or merely acting as a spectator, guest, volunteer or official. I am fully aware and understand that equine activities are dangerous activities, which pose potentially serious risks of injury and/or death to their participants. I wish to participate in these activities knowing the serious/dangerous risk involved. I understand that I may be injured or die as a result of my negligence, the negligence of others or through no fault of my own or anyone else, due to the dangerous nature of the equine activity in which I am engaged. I also understand and acknowledge that horses, by nature, are often unpredictable and difficult to control. I hereby accept and assume any and all risks of injury (including death) to myself, my property or my guests. I further represent that I understand the hazardous nature of being around all equine and the injury that could occur to the equine or me due to vehicles, natural or man-made obstacles or material, loud noises, other animals or any other hazard. I attest that my horse(s)/pony(ies)/mule(s)/donkey(s) is or are in good condition both physically and mentally to participate in the parade. I attest that I have good control of my horse(s)/pony(ies)/mule(s)/donkey(s) so as to avoid risk of injury to myself or others. With knowledge of the foregoing, I hereby agree to waive and release any and all claims of any kind that I, my heirs, guardians, legal representatives or assigns may have or may in the future against the Lisbon Horse Parade, its committees, volunteers, sponsors, and charities, the town of Lisbon and businesses therein, and other persons associated with said organization, for any damages or injury (including death) to myself and or damage to my property whether or not from my own or anyone's negligence and/or any other cause, arising out of the participation in and/or observation of, equine or other activities located on or associated with the Lisbon Horse Parade and all of the aforementioned parties. I further agree to indemnify and hold harmless, Lisbon Horse Parade., and all aforementioned parties, from any claims I might make or which will be made on my behalf by others, arising from any activity with the Lisbon Horse Parade. Furthermore, I agree to indemnify and hold harmless, Lisbon Horse Parade., and all aforementioned parties, for any injury, death loss of or damage to any and all personal property. I further agree to keep all those released by this agreement, free of any damage or costs because of any claim caused by my actions or the actions of others which results in injury, and or death, to me or others and/or any damage to property.

All minor (persons under the age of 18) riders must wear protective, certified ASTM/SEI head gear with an attached harness when mounted.

Releasing Party fully assumes and accepts full responsibility for any injuries that might occur as a result of the failure to wear such riding helmet.

RELEASING PARTY:

Signature

Print Name

The undersigned hereby certifies to Released Parties that he or she is the parent and/or legal guardian of the minor identified above, has full legal authority and power to execute this instrument on behalf of such minor, and agrees to accept full responsibility for the minor under the provisions of this instrument.

Print Name of Minor

Print & Sign Name of Parent or Legal Guardian

EMERGENCY CONTACT INFORMATION:

Name of Emergency Contact: _____ Phone Number of Emergency Contact: _____