

# Drafty Pines Farm

## Event Release Form

\*Rider's Name(s) \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Work/Cell Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Would you like us to contact you about future Farm events? Y / N

**PHOTO RELEASE** \_\_\_\_\_ I hereby consent to and authorize  
\_\_\_\_\_ I do not consent to nor do I authorize

The use and reproduction by Drafty Pines Farm of any and all photographs and other audiovisual materials taken of me for promotional printed material or for other use for the benefit of the program.

**RELEASE AND WAIVER OF LIABILITY** (Required) Please initial each statement.

\_\_\_\_\_ (Rider's name) would like to participate in an event at Drafty Pines Farm. I acknowledge the risks associated with horseback riding and understand that horses can act in sudden and unpredictable ways, especially if frightened or hurt. Furthermore, I understand that serious injury or death may result from horse related activities. \_\_\_ However, I also acknowledge the possible benefits of these activities. I have read the two (2) Equine Liability Signs (CT Statutes 52-557p and the Supplemental Equine Activity sign) posted on the barn and understand that I ride at my own risk. \_\_\_ For my own safety, I agree to wear a riding helmet provided by Drafty Pines Farm. I also agree to follow the directions of my instructor and that any misconduct or refusal by me to follow any direction will result in removal from my horse no matter where that may occur. I hereby, intending to be legally bound, for myself and my heirs, waive the liability of all claims for damages against Drafty Pines Farm, its Owners, and/or Volunteers for any and all injuries and/or losses I may sustain while participating in this event. \_\_\_

\_\_\_\_\_  
Signature of Rider and/or Guardian (if under 18 years of age)

\_\_\_\_\_  
Date

\* Please PRINT the names of all the people in your group that you are assuming responsibility for