



SHOWCASE STABLES, Inc.
7447 Pontiac Trail
Northville, MI 48168
(248) 437-3238

AGREEMENT AND LIABILITY RELEASE
READ CAREFULLY BEFORE SIGNING

I agree to the following agreement with SHOWCASE STABLES INC. (referred to herein as “Stable” or “SCS”), as a condition for its allowing me and the other persons identified below to enter the property of the Stable and or to ride horses on the property.

Name of Contracting Party: _____

Address: _____

Primary Phone #: _____

Emergency Contact: _____ Phone #: _____

Email: _____

I also make this agreement on behalf of the following- who are my children or legal wards:

1. _____ Age: _____ Birthdate: ____/____/____
2. _____ Age: _____ Birthdate: ____/____/____
3. _____ Age: _____ Birthdate: ____/____/____
4. _____ Age: _____ Birthdate: ____/____/____
5. _____ Age: _____ Birthdate: ____/____/____

All parties of this agreement shall apply to me and the children/legal wards listed above (We will collectively call ourselves “I”, “me” or “my” throughout this agreement). This agreement is binding when the Stable permits me to enter and or ride horses on the property.

IT IS HEREBY AGREED AS FOLLOWS

1. I have requested to enter Stable's premises and or ride horses on the Stable's property.
2. I understand that anyone riding or near a horse can suffer bodily and other injuries. Among other things, horses are unpredictable by nature. For example, when frightened, angry, or under stress, a horse's natural instincts are to jump forward or sideways, or run away from danger by trotting or galloping. Horses can also be known to kick, buck, rear or bite. I understand that horses can do any of these things without warning. I also understand that all horses are powerful and potentially dangerous. I understand these risks and dangers, and I voluntarily agree to assume them.
3. I am fully responsible for my own safety on or near the Stable's property. Stable has advised me to purchase and wear properly fitted and secure ASTM/SEI certified headgear/helmet when riding or near horses. **Riders must wear a helmet while on a horse if they are under the age of 18.** Helmets can be provided by SCS upon request.
4. WARNING: Under the Michigan Equine Activity Liability Act (1994 P.A. 351) an equine professional is not liable for an injury to or death of a participant in an equine activity resulting from an inherent risk of the equine activity.
5. LIABILITY RELEASE: **I assume full responsibility for any and all bodily injuries or damages which I may sustain when on or about the Stable's property.** The term "damages" refers to medical expenses, expenses incurred because of bodily injury or property damages, and/or personal property damages. I, for my heirs, administrators, personal representatives or assigns, release and discharge Showcase Stables, Inc. and its officers, directors, partners, employees, agents, heirs, representatives, assigns, and others acting on their behalf of and from all claims, demands, actions, omissions, rights of action, or causes of action (present and future), liabilities or obligations, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my or my guest's bodily injury or damage that may be sustained or property damage which may occur as a result of my being on the premises of Stable (except if caused by the gross negligence or wanton and willful misconduct of Stable). *It is mutually understood that the liability release, above, shall constitute a waiver of liability beyond the provisions of the Michigan Equine Activity Act (1994 P.A. 351).*
6. INDEMNIFICATION. I also hereby agree to indemnify and hold Showcase Stables, Inc., and its officers, directors, partners, employees, agents, heirs, representatives, assigns, and others acting on their behalf harmless against all damages sustained or suffered by any third party person(s) (not parties to the Agreement, including but not limited to, my relatives, guests, etc.), including any and all injuries, or damages whatsoever that I may

cause while being on the premises of Stable and/or while riding or near horses on the Stable's property. This indemnification shall also include attorney fees and costs.

7. I represent that. Am now and will be at all times while on or near the Stable's property, covered by accident/medical insurance.

a. My insurance provider is: _____

b. Policy # (if available): _____

8. Michigan law shall govern this agreement. Should any clause conflict with State Law, that clause will be null and void and the remainder of this agreement shall remain in effect.

9. I REPRESENT THAT: I AM AT OR OVER 18 YEARS OF AGE, SOUND OF MIND, AND NOT SUFFERING FROM SHOCK OR UNDER THE INFLUENCE OF ALCOHOL, DRUGS OR INTOXICANTS; I HAVE READ THIS ENTIRE AGREEMENT AND LIABILITY RELEASE IN FULL, AND I UNDERSTAND IT; AND THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE.

RIDING LESSON CANCELLATION POLICY

Due to the high demand for lesson slots, SCS has found it necessary to institute the following cancellation policy:

- A. 24-hour notice is required for any necessary cancellations
- B. Any cancellation (including no-show) with less than 24-hour notice will be recorded and subject to the following charges:

Cancellation: #1 – No Fee

#2 – No Fee

#3 – Full Lesson Price

- C. Monthly packages are valid for the month they are purchased and do not carry over.

Any and all fees are due and payable at the next scheduled lesson and are payable or one lesson off your Month Lesson Package.

PHOTO RELEASE POLICY

I understand that me or my child(ren) whose name(s) are listed above may be photographed at Showcase Stables during lessons, shows, camps or other activities. I understand that these photographs may be used in promoting SCS either in print or on the internet. By checking the below box and signing this form I grant permission for me or my child(ren) be photographed, or their images recorded for print or electronic use in promoting Showcase Stables.

I give SCS permission to photograph me or my child(ren)

I have stipulations regarding the above Photo Release Policy

Contracting Party: _____ **Date:** ____/____/____

Stable Representative: _____ **Date:** ____/____/____