



2017 ASSUMPTION OF RISK AGREEMENT AND RELEASE

The undersigned assumes all responsibility for and all risk of damage or injury that may occur to the undersigned as a participant in horseback riding and any and all related activities while attending riding classes, participating in exercises or using Blue Rider Stables' equipment or facilities, following riding instruction or pleasure trail riding in or out of Blue Rider Stables' location. In consideration of using Blue Rider Stables' facilities and equipment, the undersigned hereby forever release and discharges Blue Rider Stables and their owners, employees, agents, successors and assigns from all claims, demands, costs, causes of action, present or future, whether known, anticipated or unanticipated and resulting from, arising out of or incident to, the undersigned's use or intended use of Blue Rider Stables' facilities, equipment and animals in such place or as a result of or incident to, engaging in riding, use of equipment, doing exercises or otherwise following riding instruction at any place in whatever way connected to Blue Rider Stables, its agents, officers, volunteers, employees, successors or assigns. I further accept and agree while operating and riding to be bound by all orders, rules and regulations of Blue Rider Stables whether transmitted verbally or in written form.

Warning - Under Massachusetts law, an equine professional is not liable for an injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 2D of chapter 128 of the General Laws.

I have read, understood and sign the foregoing Assumption of Risk Agreement and Release in full knowledge and acceptance of its statements, terms, conditions and implications.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_
(Parent or Legal Guardian MUST sign for any child under 18 years old)

PRINT PARENT/GUARDIAN NAME: \_\_\_\_\_

PLEASE PRINT LEGIBLY

NAME OF RIDER: \_\_\_\_\_ [ ] MALE [ ] FEMALE

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_
(Street or P.O. Box)

(CITY)

(STATE)

(ZIP)

[ ] HOME PHONE: ( ) \_\_\_\_\_ [ ] WORK/CELL: ( ) \_\_\_\_\_
please check the box next to your preferred number for phone contact

EMAIL ADDRESS: \_\_\_\_\_

MAY WE ADD YOU TO OUR MAILING LIST: [ ] YES [ ] NO

HOW DID YOU HEAR ABOUT BLUE RIDER? \_\_\_\_\_

-- PLEASE TURN OVER --



**MEDIA RELEASE**

I, \_\_\_\_\_ (please print rider’s full name), consent to and authorize Blue Rider Stables the use of any and all photographs, video, voice recordings, or other media taken of me, and any reproduction of them in any form in any media whatsoever, whether now known or hereafter created, throughout the world in perpetuity. I also consent to the use of my name or likeness in such manner as the non-profit organization may deem advisable for the purpose of promotion and education.

\_\_\_\_\_  
(Signature of Rider/Parent/Guardian)

I **do not**, consent to the above release

\_\_\_\_\_  
(Signature of Rider/Parent/Guardian)

**MEDICAL HISTORY OF RIDER**

Does the RIDER have any diagnosed or undiagnosed physical or mental condition(s) that may affect his/her safety and ability to ride a horse: Yes No.

In order to properly work with each student, Blue Rider Stables, Inc. would like you to list relevant medical history that may make a difference in the rider’s experience with us. This includes any and all surgeries or hospitalization, medical diagnosis (including mental and/or emotional diagnosis), behavior issues, etc., which may affect our time together. Thank you.

MEDICATIONS: \_\_\_\_\_  
\_\_\_\_\_

SURGERIES/HOSPITALIZATIONS: \_\_\_\_\_  
\_\_\_\_\_

MEDICAL DIAGNOSIS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ALLERGIES: \_\_\_\_\_  
\_\_\_\_\_

OTHER RELEVANT INFORMATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Blue Rider Stables, Inc.

Located at 15 Farm Lane, S. Egremont, MA \* Mailing Address: P.O. Box 924, Gt. Barrington, MA 01230  
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