

IMPORTANT – READ CAREFULLY
DO NOT SIGN UNLESS FULLY UNDERSTOOD

AGREEMENT TO SELF-INSURE AND PAY ALL FEES, COSTS, DAMAGES, ETC.

In order for the Mystic Valley Hunt Club, Inc. to make available to the public: riding, training and showing programs, an equestrian center and horse farm with all attendant facilities and activities at a reasonable cost, each person and /or family must provide his or her own insurance to cover all individual/family participation and activities, and must pay all fees, charges, expenses, costs, and damages when due.

The Mystic Valley Hunt Club, Inc. provides no insurance coverage for you, your family, or anyone accompanying you. All services, premises, facilities, programs, activities, etc. are made available subject to this condition.

The Mystic Valley Hunt Club, Inc. will not be responsible for any injuries, accidents, damages, claims or liabilities of any type for any reason. Each person must provide for his/her and/or child/ward/family, such medical, accident, injury, disability, liability, or other insurance as desired. Each person must pay for any and all such expenses and/or fees that he/she/child/ward/family incurs in any connection with the Mystic Valley Hunt Club, Inc. This includes activities such as instruction, training, riding, showing, transportation, clinics, sponsored and recreational events by any user, student, visitor, participant, observer, helper, supporter, or anyone coming in contact with the Mystic Valley Hunt Club, Inc. in any way or for any reason.

I/We shall be jointly and severally liable for all fees, charges, expenses, costs, and damages, plus reasonable legal fees and costs.

I/We hereby agree to assume all responsibility and risk from my/our use of horses, equipment, premises, and facilities and further agree to indemnify and save harmless, the Mystic Valley Hunt Club, Inc., its officers, agents, employees, or servants against any and all loss or expense including legal fees and costs, by reasons or liability imposed by law upon the Mystic Valley Hunt Club, Inc., its officers, agents, employees, or servants for damages because of bodily injuries or loss of or damage to property, arising out of or in consequence of the use of horse or equipment, or presence at the Mystic Valley Hunt Club, Inc. whether such injuries to persons or damage to property are due or claimed to be due to any negligence of the Mystic Valley Hunt Club, Inc. of its officers, agents, employees, independent contractors or servants or any other person.

Rider's Name: (please print)

Rider's Name: (Signature)

Parent/Guardian: (please print)

Parent/Guardian: (Signature)

Date: _____
ASSUMPTION OF RISK AND GENERAL

CONNECTICUT STATE STATUTE s: 52-577p.

Assumption of risk by person engaged in recreational equestrian activities.

Each person engaged in recreational equestrian activities shall assume the risk and legal responsibility for any injury to his person or property arising out of the hazards inherent in equestrian sports, unless the injury was proximately caused by the negligence of the person providing the horse or horses to the individual engaged in recreational equestrian activities or the failure to guard or warn against a dangerous condition, use, structure, or activity by the person providing the horse or horses or his agents or employees.

The terms here of shall be binding on my executors, heirs, administrators, assigns, and shall serve as an assumption of risk and general release for all members of my family including any minor children and/or wards participating in any such activities.

Rider's Name: (please print)

Rider's Name: (Signature)

Parent/Guardian: (please print)

Parent/Guardian: (Signature)

Date: _____

MEDICAL AUTHORIZATION

This consent is given in advance of any diagnosis or treatment which may be required to encourage the Mystic Valley Hunt Club, Inc., its officers, employees, agents, hospital staff, and physicians to exercise their best judgment as to the requirements of such diagnosis or treatment in the event emergency medical treatment is required on account of any Mystic Valley Hunt Club, Inc. activity. The undersigned, including a parent or guardian of a minor, here by consents to any x-ray, examination, anesthetic, medical, or surgical diagnosis or treatment or hospital service that may be rendered under the general or specific instructions of any physician or hospital.

The authorities at the Mystic Valley Hunt Club, Inc. are hereby given full authority to provide all necessary emergency medical treatment for _____.

The undersigned shall pay all fees for doctors, hospitals, ambulances, and other medical charges reasonably and necessarily incurred.

Current tetanus shots are expected of everyone using the premises or participating in any Mystic Valley Hunt Club, Inc. activity.

Rider's Name: (please print)

Rider's Name: (Signature)

Parent/Guardian: (please print)

Parent/Guardian: (Signature)

Date

In case of emergency, please contact:

Name:

Phone:

Relation:

REGISTRATION

Please complete the following registration information. Please note that your information will not be used by us for any further purposes nor be sold or shared with third parties.

Rider's name: _____

Age (if under 18): _____

Address: _____

Home phone: _____ Email: _____

Work phone: _____

Cell phone: _____

Name of person responsible for payment: _____

Address (if different from rider): _____

Home phone: _____

Work phone: _____

Cell phone: _____

Payment must be made at time of service by cash or check unless prior arrangement has been approved.

Signature of responsible party:

Date: