**WAIVER RELEASE**

Indemnification, Waiver and Release of Liability

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Ins Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or guardian if under 18 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that I am in good physical health and capable of participation in equine activities, including riding and handling of horses, other animals, either on-site or at any other location, and either independently or under the guidance of anyone associated with Enchanted Hollow Stables (5164 County Road 33 SE, Buffalo, MN, 55313).

I will assume all responsibility, risks and hazards incidental to my participation in the above-described activities. I specifically waive, release and absolve, indemnify covenant not to sue, and agree to hold harmless Enchanted Hollow Stables, Bob and/or Mary Sansevere, and representatives of same, including contract workers for claim(s), loss, damage or injury to me, including any persons visiting or participating in the above activities with me, any horse or animal, or to any property arising out of activities at or in connection with Enchanted Hollow Stables, Bob and/or Mary Sansevere or representatives of same.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I (and individuals associated with me) may be exposed to or infected by COVID-19 by entering Enchanted Hollow Stables and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 at Enchanted Hollow Stables may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Enchanted Hollow Stables employees, volunteers, and program participants and their families.

I also agree to indemnify and hold harmless Enchanted Hollow Stables, Bob and/or Mary Sansevere and any representatives of same, including all agents, associates or contract workers for any and all actions, claims, suits, demands, losses, costs, damages and expenses (including reasonable attorney fees) arising out of any act or omission my myself, my agents, associates, employees or any animal under the direct or indirect control or supervision of any such person. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Enchanted Hollow Stables, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Club program.

IT IS MY UNDERSTANDING THAT THERE ARE INHERENT RISKS IN RIDING, DRIVING, KEEPING AND BEING AROUND HORSES AND EQUINE FACILITIES.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent-Guardian Signature if under 18 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_