



Horse Time, LLC & HTCEC Liability Release Waiver Form for a Minor

Horse Time LLC & Horse Time Center for Equine Collaboration

7447 West H Avenue

Kalamazoo, MI 49009

Host Agent: Sandra RietKerk

Horsetime4higher@gmail.com; 269.217.8723

Participant Name:	Cell Phone:	
Street:	Email:	
City:	State:	Zip Code:
Medical conditions or physical limitations that would impact ability to participate:		
Emergency Contact Name:	Emergency Contact Phone:	

Consent and Waiver of Liability

I acknowledge that the scope of the program has been fully explained to me, including the potential for injury which can occur during activities with the horses. I am aware that activities involving horses and other related activities can be hazardous. I am voluntarily allowing my child to participate in these activities with knowledge of the danger involved and agree to accept any and all risks of injury, death, or damage. In consideration for being permitted to participate:

1. I RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE **HORSE TIME, LLC**, or **Horse Time Center for Equine Collaboration**, and **SANDRA RIETKERK** and **MARK RIETKERK** and their owners, employees, contractors, agents, volunteers, and anyone associated with these horse activities, all for the purposes herein referred to as 'RELEASEES', from any and all liability, actions, claims or demands, either now or hereafter, to legal representatives, guardians, assigns, heirs, and next of kin, all for the purposes herein referred to as 'RELEASORS', for injury, death or damage resulting from participation in said horse activities as a result of the negligence of RELEASEES.
2. I AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS RELEASEES from any loss, liability, damage, or cost any of them may incur due to my participation in said horse activities.
3. I ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to any actions of RELEASEES resulting from my child's participation in said horse activities.
4. I EXPRESSLY ACKNOWLEDGE AND AGREE THAT ACTIVITIES INVOLVING HORSES and other related activities CAN BE DANGEROUS AND INVOLVE RISKS OF SERIOUS INJURY and/or death and/or property damage.
5. I further expressly agree that the foregoing release, assumption of risk, and indemnity agreement is intended to be as broad and inclusive as is permitted by law and that if any portion of this agreement thereof is held invalid, it is agreed that all other provisions shall remain in full legal force and effect.
6. I AGREE THIS AGREEMENT CONTAINS THE ENTIRE AGREEMENT between the Parties related to the matters specified herein and supersedes any prior oral or written statements or agreements between the Parties related to such matters.

Warning: Under the Michigan Equine Activity Liability Act, an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from the inherent risk of the equine activity.

I have read and agree to the terms of this waiver and release.

Signature of Participant's Legal
Guardian

Date

Horse Time, LLC, Agent

Date

Photo Release: I grant permission to capture and use photographs and/or video to be used solely in promotional materials, and I waive any rights of compensation and ownership.

☐ Yes ☐ No

Email permissions: I grant permission for email updates

☐ Yes ☐ No