

**ASSUMPTION OF RISK AGREEMENT AND RELEASE - PLEASE READ THIS CAREFULLY BEFORE SIGNING**

**WARNING**

**UNDER MICHIGAN LAW, AN EQUINE ACTIVITY SPONSOR OR PROFESSIONAL SHALL NOT BE LIABLE FOR ANY INJURY TO, OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES Code of Michigan House Bill 5006**

I understand that horseback riding is a hazardous activity, and by my participation, or by the participation of any horse that I own, in any equestrian function sponsored by the RED FLANNEL SADDLE CLUB, INC., or held on the property owned by the RED FLANNEL SADDLE CLUB, INC., I agree to assume any and all risks and accept the dangers that are associated in the activity of horseback riding. I further agree that I will not hold the RED FLANNEL SADDLE CLUB, INC., its volunteers, officers, or directors liable if I, or any horse that I own, suffer injury or death while held on the property owned by the RED FLANNEL SADDLE CLUB, INC. I further agree to allow the RED FLANNEL SADDLE CLUB, INC. to post any picture of myself, or any horse I own, taken at the RED FLANNEL SADDLE CLUB, INC. property, to their website or in any publication used to promote the club.

This signed Agreement shall be in effect from the date of execution through **December 31, 20**\_\_

**The following information is being REQUIRED by our insurance company and must be filled out legibly in its entirety so we may contact you if needed. It will not be shared with any outside source.**

**NAME:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

Date: \_\_\_\_\_

**I HAVE READ THIS AGREEMENT BEFORE SIGNING IT.**

Date: \_\_\_\_\_

**I HAVE READ THIS AGREEMENT BEFORE SIGNING IT.**

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Signature of horse owner (if different from Participant)**

\_\_\_\_\_  
**Please print name (legibly)**

\_\_\_\_\_  
**Please print name (legibly)**

**If Participant is UNDER 18 years of age, the SIGNATURE of the Participant's PARENT or GUARDIAN is REQUIRED below.**

**I HAVE READ THIS AGREEMENT BEFORE SIGNING IT.**

Date: \_\_\_\_\_

\_\_\_\_\_  
**Please print name (legibly)**

\_\_\_\_\_  
**Signature of Parent / Guardian**

**MUST COMPLETE THIS SECTION:**

**EMERGENCY CONTACT NAME:** \_\_\_\_\_ **PHONE NUMBER :** \_\_\_\_\_

