



ASSUMPTION OF RISK AGREEMENT AND RELEASE –READ 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 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.

Rider Name: _____

Rider Name: _____

Rider Name: _____

Rider Name: _____

Phone Number: _____

E-Mail Address: _____

Address: _____

Signature of horse owner (if different from Participant) _____

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

Please print name (legibly) _____

Signature of Parent / Guardian _____

Date: _____

Emergency Contact Name: _____

Phone Number: _____