

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

The undersigned has requested to participate in, observe and/or view riding and/or other horse related activities at Crosswinds Equestrian Center's facilities situate at 17 Crosswinds Lane, LaGrangeville, New York. I understand and acknowledge that there are certain inherent risks, hazards and dangers involved in said activities, including but not limited to, bodily injury, physical harm, property damage and even death to the horse, rider and/or a spectator.

In consideration of being granted the privilege of riding, viewing and/or participating in such activities and/or working around horses and/or other facilities at Crosswinds Equestrian Center, Inc., the undersigned does hereby assume and accept any and all risks of injury and/or damage to person or property and further waives and releases both Crosswinds Equestrian Center, Inc. and Trinity Equine, Ltd., their stockholders, owners, directors, officers, employees, instructors, contractors and/or agents from any and all claims, damages and/or liabilities arising from such participation and/or the performance of said activities and/or any accident, damage, injury, illness or death to either the undersigned, or any horse and/or property owned by the undersigned, or to any family member or spectator accompanying the undersigned.

Further, to the fullest extent permitted by law, the undersigned hereby agrees to indemnify, defend and hold harmless both Crosswinds Equestrian, Inc. and Trinity Equine, Ltd., their stockholders, owners, directors, officers, employees, instructors, contractors and/or agents from any and all claims, damages, causes of action, demands and/or liabilities to person or property, including personal injury sustained by the undersigned, members of his or her family and/or any other person or party caused, arising from, incident to and/or occurring by reason of the entry upon the property, the use of Crosswinds facilities, performance of and/or participation in the aforesaid activities.

PLEASE SIGN AND PRINT BELOW:

Name

Date of Birth

Address

E-Mail: _____

Telephone Number

Signature/Parent or Guardian, if a minor

Print Name: _____

Date