

**NOTICE: THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS...
READ IT VERY CAREFULLY
IF YOU DO NOT UNDERSTAND IT, YOU SHOULD CONSULT AN ATTORNEY**

RELEASE FROM LIABILITY

I, _____, fully understand and acknowledge that riding, jumping, trail riding and all other activities with horses is inherently dangerous and that I am voluntarily participating in these activities with knowledge of the danger involved and hereby agree and accept any and all risk of injury or death.

I further understand that clinics, lessons and training of horses and/or riders may involve high speed and/or high risk work in which the dangers to myself or my horse(s) are in excess of the normal risks of horsemanship. I hereby voluntarily and knowingly assume any and all risks of damage or injury to myself, my horse(s), and any other property which may occur as a result of my participation in clinics, lessons and training of horses and/or riders with L & B Farms, Inc. and/or Bill and Lisa Capp.

WARNING

**Under Pennsylvania law, you assume the risk of equine activities pursuant to Pennsylvania Law.
*Equine Activity Immunity Act, Act 93 of 2005***

Please Initial _____

I agree to wear a hard hat with attached harness and appropriate riding boots or foot-gear with heels whenever I'm participating in jumping activities and/or if I'm under 18 years of age and participating in any riding activity at L & B Farms, Inc.

Please Initial _____

I acknowledge that L & B Farms, Inc. and/or Bill and Lisa Capp encourage all riders to wear hard hats and appropriate foot-gear with heels when riding "on the flat". As an adult (over 18 years of age) I feel that it is my own choice to use or not use this equipment and I am solely responsible for injuries sustained which may have been avoided or mitigated by use of such equipment.

Please Initial _____

I agree that I will not sue, or otherwise make any claim of liability against L & B Farms, Inc. and/or Bill or Lisa Capp, members of their family or staff, and any and all persons in any way associated with the management, organization, presentation, advertisement, housing of; or the furnishing of facilities for, any and all clinics, lessons, training sessions, trail rides or any other activities that I am attending, including liability for damage or injury caused by the negligence of the persons released.

I also agree to release and discharge L & B Farms, Inc. and/or Bill and Lisa Capp and members of their family and staff, any and all persons in any way associated with the management, organization, presentation, advertisement, housing of; or the furnishing of facilities from all actions, claims or demands, for death, injury, loss or damage resulting in the participation in riding, jumping, and other such activities. The terms of this release shall also be binding as to any other persona, or members of my family, including any minors, which may accompany me. I further agree that if I make claim against L & B Farms, Inc. and/or Bill and Lisa Capp if such claim is found to be non-compensable, I agree to pay the attorney fees and costs incurred by L & B Farms, Inc. and/or Bill and Lisa Capp or their respective insurance companies, incurred in the defense of such claim.

Signature

Date

Printed Name: _____