



Tara Farm Rescue
 670 Babcock Hill Road
 Coventry, CT 06238
 860-742-2215

EQUINE ACTIVITY WAIVER OF LIABILITY

I, _____, am voluntarily participating in an activity organized by Tara Farm Rescue located at 670 Babcock Hill Road, Coventry, Connecticut, 06238. As a participant, I will assist in animal care and grooming; barn, pasture, fence and ground maintenance; I may or may not be participating in riding but take full responsibility of my actions. I agree that, in doing so, I will follow the instructions of Tara Farm management. I will also understand that I am not an employee of Tara Farm Rescue.

I recognize that in participating in these aspect of Tara Farm Rescue, I will be involved in outdoor physical activities in proximity to horses and other barn associated animals. I understand that these activities may impose a risk of physical injury to me. I understand and agree to assume those risks. I agree to indemnify and hold Tara Farm Rescue harmless from any loss or damage that I may incur as a result of physical injury suffered on its property, whether as a result of negligence of the association, its volunteers or otherwise.

I understand participating at Tara Farm Rescue is an Equine Activity as defined in the Connecticut Equine Liability Statute Act § 52-557p which states:

“Each person engaged in recreational equestrian activities shall assume the risk and legal responsibility for any injury to his person or property arising out of the hazards inherent in equestrian sports, unless the injury was proximately caused by the negligence of the person providing the horse or horses to the individual engaged in recreational equestrian activities or the failure to guard or warn against a dangerous condition, use, structure or activity by the person providing the horse or horses or his agents or employees”

With this waiver, I expressly release and hold harmless the Tara Farm Rescue and its volunteers from any and all liability from any claims, damages or lawsuits arising out of my participation of this equine activity.

Address:			
Telephone:		Cell or Alternative Phone:	
Email Address:			
Emergency Contact Person:		Cell or Alternative Phone:	

PLEASE PRINT CLEARLY AND PROVIDE SIGNATURES

Participant/Rider Name (Please print)		Date:	
Participant (Signature) (Signature of Parent or Legal /Guardian if under 18 years of age)			
Witness Name (Please print)		Date:	
Witness (Signature)			