

Fjern Fields
1539 Critter Trail
Manistee, MI 49660
(231) 889-0132

RELEASE OF LIABILITY

Please read carefully before signing:

I apply to ride horses/board horses/take riding lessons/ride in the arena/ride on the outdoor trails/and/or participate in or observe equine events provided by or sponsored by FJERN FIELDS owned by Nick and Ginger Wisseman and located in Manistee, MI.

WARNING:

Under the MICHIGAN EQUINE ACTIVITY LIABILITY ACT, an equine professional is NOT liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.

I understand that horseback riding will expose me to above normal risks. These risks include but are not limited to: loss of control, collisions, obstacles, variations in terrain and surface and subsurface conditions, and unexpected actions of the horse, such as kicking, biting, rearing, bucking, striking, rolling, bolting, or running away from danger by trotting, cantering, or galloping. I also understand that I will be exposed to inherent risks of an equine activity including, but not limited to, the unpredictability of an equine reaction to things such as sounds, sudden movement, and people, other animals, and/or unfamiliar objects. I further understand that horses have a propensity to behave in ways that may result in injury, harm, or death to a person on or around it.

I agree that **I assume and acknowledge these and other dangers that inhere in the activity of horseback riding.**

I agree that **I am responsible for my own safety.**

I agree that **I have my own medical insurance coverage.**

I agree that **Fjern Fields, Nick and Ginger Wisseman, the owners, their employees and agents will NOT be liable** if I suffer personal injury or death, **EXCEPT** if caused by their GROSS NEGLIGENCE OR WILFUL AND WANTON MISCONDUCT.

I agree not to bring any claims, demands, actions or lawsuits against Fjern Fields, Nick and Ginger Wisseman, the owners, their employees, agents, or representatives.

I agree that if Fjern Fields, Nick and Ginger Wisseman, the owners their employees or agents, are sued by anyone else because of claimed conduct of myself, **I will indemnify and hold them harmless from all damages and costs, including reasonable actual attorney fees.**

I agree that the consideration for this RELEASE to be binding on me, my heirs and assigns, in that I am permitted to enter onto the premises, receive lessons, ride, rent, or be near a horse, board a horse, or attend an equine event on the property.

I specifically affirm and agree that **THIS RELEASE CONSTITUTES A WAIVER OF LIABILITY BEYOND THE PROVISIONS OF THE MICHIGAN EQUINE ACTIVITY LIABILITY ACT. 1994 P.A. 351.**

I agree that **Michigan law governs** the interpretation and enforceability of this RELEASE.

I acknowledge and agree that Fjern Fields, Nick Wisseman, and Ginger Wisseman, have advised me that **I should purchase and wear a properly fitted and secured ASTM/SEI- certified horseback riding helmet** to prevent injury or death occurring as a result of a fall or other circumstances. I understand that Fjern Fields and Nick and Ginger Wisseman are NOT required to provide such helmets.

I acknowledge that I am eighteen years of age or older, and that I am signing this RELEASE on my own behalf (and on behalf of my minor children), our heirs, representatives, and assigns.

All participants, volunteers, and spectators must have a signed Release of Liability on file before interacting with any horses on the Fjern Fields property.

List all immediate family members (including yourself) that this release covers

Name: _____ Age: ____ Relationship: _____
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Name: _____ Age: ____ Relationship: _____
Name: _____ Age: ____ Relationship: _____
Name: _____ Age: ____ Relationship: _____

I HAVE READ BOTH PAGES OF THIS RELEASE BEFORE SIGNING IT, AND FULLY UNDERSTAND MY RESPONSIBILITIES.

Signature: _____ Date: _____
Name (printed): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____

Other immediate family members over 18 who have read the Release of Liability, agreed to the terms, and are listed above.

Signature: _____ Date: _____
Name (printed): _____ Phone: _____
Signature: _____ Date: _____
Name (printed): _____ Phone: _____

In Case of Emergency

State any known allergies or medical conditions for yourself or your immediate family members.

Possible Emergency Contacts

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

Fjern Fields Representative

Accepted for Fjern Fields by: _____ Date: _____