

Breakaway Farms, LLC

4955 Old Hwy 395 N.
Washoe Valley, NV 89704
Phone: 775-846-5715
Email: breakaway.bowen@gmail.com

General Release of Liability

Information:

Name: _____ Telephone: _____

Address: _____ City, State, Zip: _____

Name of Parent/Guardian: _____

Address: _____ City, State, Zip: _____

Phone (Home): _____ Phone (Cell): _____

Phone (Work): _____

Family Physician's Name and Number: _____

Veterinarian Name and Number: _____

I/We, the riders/owners/participants/spectators, agree to follow all rules and regulations put forth by Breakaway Farms, LLC, wether those are written, verbal, or inferred. I will exercise good horsemanship and judgment at all times to limit harm to animals, myself, and others.

I/We understand that there is inherent risk when working with horses, as with any sport. I hereby agree to assume all responsibility and risk for participation in or my horse's participation in activities with Breakaway Farms, LLC. I agree to indemnify and hold Breakaway Farms, LLC, its owners, and its employees free from all liability for any and all damages, injuries, disabilities, illnesses, theft, and/or death that may result to any persons, property, and/or animals from this participation.

I/We agree to pay any legal fees, and/or expenses incurred by the stable in the defense of any disputes, should they be unfounded. I agree that should a dispute arise it shall be subject to the laws of the State of Nevada.

I have read, understand, and agree to the above release.

Participant Date _____

Parent/Guardian if participant is under the age of 18. Date _____

Breakaway Farms, LLC / Representative Date _____