

# Misty Moor Farm

## Equine Activity Liability Waiver & Release (Michigan)

Participant Name: \_\_\_\_\_

Date of Birth (if minor): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### ACKNOWLEDGMENT OF RISK

I understand that equine activities involve inherent risks that may result in injury, illness, or death. I voluntarily choose to participate in activities at Misty Moor Farm, including but not limited to horseback riding, groundwork, horsemanship instruction, camps, retreats, educational programs, and interactions with horses.

I acknowledge that horses are unpredictable by nature and may react to sounds, sudden movement, weather, other animals, or human actions.

### RELEASE OF LIABILITY

In accordance with the **Michigan Equine Activity Liability Act (MCL 691.1661–691.1667)**, I agree to assume full responsibility for the risks associated with equine activities.

I hereby release, waive, and hold harmless Misty Moor Farm, Misty Moor Foundations, property owners, staff, volunteers, and affiliates from any and all claims for injury, loss, or damage arising from participation in equine activities, except in cases of gross negligence or willful misconduct as defined by Michigan law.

### HELMET ACKNOWLEDGMENT

I understand that protective helmets are recommended for all riders and may be required for mounted activities. I accept responsibility for choosing to wear or decline protective equipment where permitted.

### MEDICAL CONSENT

In the event of an emergency, I authorize Misty Moor Farm to secure medical treatment deemed necessary. I accept financial responsibility for any medical care provided.

### MINOR PARTICIPANTS

If signing on behalf of a minor, I certify that I am the parent or legal guardian and agree to all terms on the minor's behalf.

### PHOTO & MEDIA RELEASE (Optional)

I grant permission for photographs or video taken during activities to be used for educational or promotional purposes.

I do NOT grant permission.

### GOVERNING LAW

This agreement shall be governed by the laws of the State of Michigan.

I HAVE READ AND UNDERSTAND THIS AGREEMENT. I AM SIGNING IT FREELY AND VOLUNTARILY.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Parent/Guardian Signature (if minor): \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Contact Name & Phone:** \_\_\_\_\_