RELEASE FORM 2025

Outlook Farm

96 Hogback Rd

Norwich, Vermont 05055

I, _____, agree to release for all purposes Outlook Farm LLC, and its employees, agents, contractors and managing members, as well as the owners of Outlook Farm, 96 Hogback Rd, Norwich, Vermont (collectively, the "Equine Activity Sponsors") from any liability related to riding, training, grooming or other equestrian activities provided by Outlook Farm LLC. I understand, acknowledge and affirm the limitations of liability provided by Vermont law (See 12 V.S.A. § 1039) for Equine Activity Sponsors.

Each participant in an equine activity expressly assumes the risk of and legal responsibility for any injury, loss or damage to person or property which results from participation in an equine activity. Each participant shall have the sole responsibility for knowing the range of his or her ability to manage, care for, and control a particular equine or perform a particular equine activity, and it shall be the duty of each participant to act within the limits of the participant's own ability, to maintain reasonable control of the particular equine at all times while participating in an equine activity, to heed all posted warnings, and to refrain from acting in a manner which may cause or contribute to the injury of any person.

In signing this Release I agree that I am aware of the risks and dangers involved with horseback riding and the related equine activities. I understand that horses/ponies are large and unpredictable animals by nature, that they may bite, buck, kick, rear and otherwise act in manner which could hurt me, that even the most experienced riders may have difficulties controlling an animal, and that the resulting risks can cause serious bodily injury or even death.

Being aware of these risks associated with horses/ponies, horseback riding and all equestrian activities, I consent to and assume these risks. I also agree that in addition to the limitations of liabilities provided by state law, to hold the Equine Activity Sponsors harmless for any injury or damage I suffer while engaged in an Equine Activity.

_____ _____

Date Signature of Participant (If over 18 years of age)

Signature of parent or legal guardian if the participant is under 18 years of age.

_____ _____

Date Signature / Print Name

_____

Street Address Town State Zip

_____

Telephone Number Emergency Back-Up Number