



# Valinor Farm Release Form



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## Section 1: Assumption of Risk and Waiver

By signing this agreement you acknowledge that you and your guests are on the property at your own risk, and hereby specifically release, indemnify, and hold Valinor Farm, its owners and agents, harmless from liability for any claims which may arise out of your activities on the premises. In signing this contract, you are binding yourself, your survivors, your agents, or any other person seeking to assert claim on your behalf, which arises from an accident occurring at Valinor Farm, even if such accident results in a permanently disabling injury or death. You, by signing this agreement, also acknowledge that you have read and understand the following notification pursuant to Chapter 128, Section 2D of the Mass General Laws.

**Warning Under Massachusetts Law, an equine professional is not liable for injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 128, Section 2D of the General Laws.**

\_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_  
Original Signature of Participant/Student (if 18 yr. or older) and Original Signature of Parent(s) or Legal Guardian

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## Section 2: Valinor Farm Medical Information and Treatment Release

If medical care is required for \_\_\_\_\_ (name of participant/student) in conjunction with any Valinor Farm activity or related transportation, and if normal permission is not available in a timely manner, the undersigned authorize appropriate medical care as deemed necessary by emergency medical personnel, a physician, or the medical facility providing treatment.

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### Related Information

Parent or Guardian: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_ Cell phone:(\_\_\_\_) \_\_\_\_\_

#### If Parent or Guardian is unavailable,

Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

My child is allergic to: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

My child takes the following medication(s): \_\_\_\_\_

\_\_\_\_\_ for: \_\_\_\_\_

Child's date of birth (month/day/year): \_\_\_\_\_ Medical Insurance Company: \_\_\_\_\_

Policy Number(s): \_\_\_\_\_

### Special Instructions

As parent or guardian of the above named child, please attempt to contact me at the time of the accident or illness without postponing medical treatment.

Other: \_\_\_\_\_

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## I HAVE READ THIS ENTIRE RELEASE AND AGREE TO IT:

\_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_  
Original Signature of Participant/Student (if 18 yr. or older) and Original Signature of Parent(s) or Legal Guardian