## CHUM I

## CHUM Therapeutic Riding PO Box 14 Mason, MI 48854

Phone: (517)204-0974

Email: bonnieandchum@gmail.com

## **Equine Activity Agreement & Release**

In consideration of **Bonnie L. DePue** permitting me to engage as an active participant in equine related activities, and

Understanding, acknowledging, and agreeing that engaging in equine related activities could be hazardous and may result in injury,

I agree to assume all risks of injury arising out of participating in the equine related activities, either off or upon the premises of **Bonnie L. DePue**.

I release and agree not to sue **Bonnie L. DePue**, her agents, family, or anyone connected with her, from any and all liability for any claim for injury, damages, costs or causes of action which I have or may have in the future as a result of injuries or damages sustained by me or incurred by me while participating in such equine activity, either off or upon the premises of **Bonnie L. DePue**.

I agree not to invite or permit any other person(s) to enter the premises or to engage in any equine activity as my guest. Any such participant shall be deemed a trespasser, not an invitee, unless such person(s) execute(s) an Equine Activity Agreement & Release with **Bonnie L. DePue**.

I further agree to indemnify **Bonnie L. DePue**, her agents, family, or anyone connected with her, for any costs, expenses, damages, or legal fees which may be incurred as a result of any breach or violation of this Agreement and Release, if such breach results in injury or death to any person(s) engaging in such equine activity, without regard to whether such injury or death is alleged to have resulted from any alleged acts of negligence of **Bonnie L. DePue**, her agents, family, or anyone connected with her.

## 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 (PA 351 of 1994).

I have read and understand the above terms of this Agreement and Release, and I agree to such terms.

Equine Participant	Date	Witness	Date
Guardian if Participant is a minor	Date	Bonnie L. DePue	Date