

**Kachina Farm  
Mike Daly  
2959 Serfass Rd.  
Clinton, OH 44216  
330-715-0253**

## **Equine Activity Release Form**

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

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

Birth Date: \_\_\_\_\_ Family Physician: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

### **Please Read Carefully!**

**Being aware of the inherent risks that naturally occur in any equine activity, I hereby agree to assume all responsibility and risk from the use of my horses and these facilities, for practice and lessons, from any farm area used as practice area for Kachina Farm, aka Mike Daly. I further agree to hold owners of Kachina Farm, their representatives, instructors, trainers, or agents, free from all damages or liability for any injuries to person, horses or property arising as a result of the use or rental of said property or facility.**

**Approved head protection MUST be worn and buckled when mounted.**

**Shoes must have heels and must be made for riding.**

The undersigned has been advised that:

1. The propensity of an equine to behave in ways that may result in injury, death or loss to person on or around equines;
2. The unpredictability of any equine sound, sudden movements, unfamiliar objects, persons or other animals;
3. Potential hazards, including but not limited to, surface or subsurface conditions;
4. The risk of collision with another equine, animal, person or object; and
5. The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, loss to the person of the participant or to other persons, including but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_