

# New Day Ranch-Meadowview Farm-Griggs Property

## GENERAL AGREEMENT & LIABILITY RELEASE

Participant: \_\_\_\_\_ Age: \_\_\_\_\_

I, \_\_\_\_\_ (Parent or Guardian if person named above is under the age of 18), hereby acknowledge that I have requested permission to participate in equestrian or other activities on the premises of the New Day Ranch Equestrian Achievement Program, Meadowview Farm or property of Roger Griggs. I further understand that my request may be denied, or my participation privileges may be revoked at any time and at the sole discretion of either party. Reasons for denial or revocation of participation include but are not limited to:

- Known or observed abuse of a horse.
- Inappropriate behavior or language.
- Any behavior by the member or the member's horse creating a tense or hostile environment.
- Any damage to the facility by the member or their horse.
- Inviting non-member guest to participate in riding activities without following proper authorization procedures.
- Unauthorized use of facility during or outside of hours of operation.
- Failure to pass a background check (when applicable)

I agree to abide by the New Day Ranch and Meadowview Farm rules and regulations as posted or directed by staff.

**I am aware that riding, vaulting, trail riding, jumping, hippo therapy, equine related therapy and all other forms of equestrian activities can be hazardous. I am voluntarily participating in these activities with the knowledge of the danger involved and hereby agree to accept any and all risks of injury or death.**

In consideration for being permitted to use the facilities at Meadowview Farm and some clearly identified property of Roger Griggs and/or participate in any New Day Ranch equine facilitated program, I hereby agree that I, my heirs, my distributes, guardians, legal representative and assignees will not make a claim against, sue, attach the property of or prosecute New Day Ranch, Meadowview Farm or property of Roger Griggs, its directors, officers, members, employees, volunteers or assignees, for any claim I now have or may hereafter have for death, injury or property damage resulting from my use of the facilities at New Day Ranch and or/ Meadowview Farm, Roger Griggs or my participation in any New Day Ranch or Meadowview Farm endorsed activities, whether caused by my acts of omission or negligence or anyone else's acts of omission or negligence. In addition, it is understood that any and all insurance that I have shall be primary.

To the fullest extent permitted by law, I shall **defend, indemnify and hold harmless,** New Day Ranch and/or Meadowview Farm, Roger Griggs, it's directors, officers, agents, volunteers, or employees for and against any and all claims, damages, losses, expenses, and liabilities of any and every kind, including but not limited to attorney's fees, in any way arising out of or in connection with my activities under this Agreement. This indemnity shall apply regardless of any active or passive negligent act or omission of New Day Ranch and/or Meadowview Farm, Roger Griggs, its directors, officers, agents, volunteers and employees.

**I have carefully read this agreement and release and fully understand its contents. I am aware that this is a release of liability, a waiver of legal rights and contract between myself, and New Day Ranch and Meadowview Farm, Roger Griggs, and sign it of my own free will. I further acknowledge that there are no warranties, either express or implied, concerning that facilities, events or activities at New Day Ranch and /or Meadowview Farm and/or Roger Griggs.**

**Under Kentucky law, a farm animal activity sponsor, farm animal professional, or other person does not have the duty to eliminate all risks of injury of participation in farm animal activities. There are inherent risks of injury that you voluntarily accept if you participate in farm animal activities. Failure to comply with the requirements concerning warning signs and notices provided in this section shall prevent a farm animal activity sponsor or farm animal professional from invoking the provisions of KRS 247.401 to 247.4029.**

Participant's Full Name: \_\_\_\_\_  
(Please print)

Family Members (List anyone that could potential visit the program):  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/legal guardian

\_\_\_\_\_  
Print Name

Date: \_\_\_\_\_