CITY OF MACKINAC ISLAND
RELEASE, ASSUMPTION OF RISK & INDEMNIFICATION AGREEMENT

In consideration of my participation in this horseback riding program, and with the understanding that my participation in this horseback riding program is only on the condition that I enter into this agreement for myself, my heirs and assigns, I hereby assume the inherent and extraordinary risks involved in this horseback riding program, in the use of the Great Turtle Park Riding Ring, and any risks inherent in any other activities connected with this program in which I may voluntarily participate.

I expressly assume the risk of and accept full responsibility for any and all injuries (including death) and accidents which may occur as a result of my participation in this program and release from liability The City of Mackinac Island and The Mackinac Horsemen's Association and each of their officers, directors, agents, representatives and employees.

I hereby waive any claim I may hereafter have as a result of any and all injury to my person or property as a result in my participation in the horseback riding program, my use of the Great Turtle Park Horse Ring, and in any other activities connected with this program in which I may voluntarily participate. I hereby agree to indemnify all of the above-named persons for any and all claims, including attorney's fees and costs, which may be brought against any of them by anyone claiming to have been injured as a result of any injury to me or my property which may occur as a result of the horseback riding program. I understand that horseback riding is a physical activity and that physical injury may result.

WARNING
UNDER THE MICHIGAN EQUINE ACTIVITY LIABILITY ACT, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY OR THE DEATH OF A PARTICIPANT IN AN EQUINE ACTIVITY RESULTING FROM AN INHERENT RISK OF THE EQUINE ACTIVITY.

ADULT RELEASE

I certify that I have read and fully understand this release. I am of lawful age and legally competent to make this agreement.

Dated:_____
Signature:_____Witness:_____
Printed Name:_____
Address:_____

MINOR RELEASE

I certify that I am the Parent and/or Legal Guardian of the minor,_____ age_____ and have read and fully understand this release and by signing such give my permission for the aforementioned minor to participate in this program. I am of lawful age and legally competent to make this agreement.

Dated:_____
Signature:_____Witness:_____
Printed Name:_____
Relation to Minor:_____