

# Release of Liability

I \_\_\_\_\_ do hereby agree willfully and voluntarily to release A Vaulting Connection LLC and it's agents, and Stonehill Stable and it's agents from any and all liability resulting from personal injury, property damage, or property loss occurring as a result of my or my child's participation in the Equine Sport of Vaulting, Horseback riding or any related activity while participating in an equine related event or visiting either Stonehill Stable or A Vaulting Connection LLC.

As specified under The Michigan Equine Liability Act (1994 PA 351) I agree that 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.

My signature below is proof that I have carefully read and understood this document and that I have freely voluntarily signed it.

Participants name \_\_\_\_\_

\_\_\_\_\_  
Signature or signature of parent or guardian

\_\_\_\_\_  
Date

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

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_