

Aberdeen Farm Clinic Participation Agreement

Every entry at this clinic shall constitute an agreement and affirmation that the person making it, owner, lessee, trainer, manager, agent, rider, and the horse:

1. Shall be subject to the constitution and rules of Aberdeen Farm LLC, including rules pertaining to:
 - a. COVID-19 including social distancing, limited access to spectators, access to Aberdeen Farm's buildings, use of facemasks, and use of hand sanitizing.
 - b. Every Participant shall immediately notify Aberdeen Farm personnel regarding any unsafe condition.
 - c. Every horse and rider is eligible as registered.
2. Failure to comply with any of the health and safety requirements or newly implemented procedures may result in removal from the grounds. Refunds will not be issued in cases of noncompliance.
3. That the owner, rider, trainer, coach, and any of their agents acknowledge that they participate voluntarily in the clinic fully aware that horse sports and the clinic involve inherent dangerous risk of injury or loss and they agree to hold Aberdeen Farm LLC and their officials, directors, employees, and agents harmless for any injury or loss suffered, resulted, directly or indirectly, from negligent acts or omissions of said officials, directors, employees, or agents of the clinic.
4. Acknowledges that if damages shall be occasioned or loss occur, by any means, to the horses participating, or to any vehicle or other article that may be sent with such horse(s), that no claim will be made therefore, and further agree to hold the Aberdeen Farm LLC, owners of the grounds, officials, members, or employees harmless from any claim or demand of whatsoever kind or nature, that may be occasioned by the horse(s), and to repay to this venue on demand, all damages it may sustain by reason of any claim or demand as aforesaid.
5. Michigan law warning: under the Michigan equine activity act an Equine professional is not liable for any injury to or the death of a Participant in any equine activity resulting from an inherent risk of the Equine activity.

Participant's Name: _____

Participant's Signature: _____

Date: _____

Parent or Guardian name if under 18: _____

Parent or Guardian Signature if under 18: _____

Date: _____