

**LANCASTER EQUESTRIAN**  
**551 Cooper Road, Red Bank, NJ 07701**  
**732-421-6791**

**INSTRUCTORS**  
**Jody Lancaster, Robin Brennan,**  
**Jaimey Lancaster**

**ALL ACTIVITY RELEASE AND WAIVER OF LIABILITY**

**PLEASE PRINT CLEARLY:**

Release is for riding lessons and any other activity to which a person comes on the property.

I, \_\_\_\_\_, residing at \_\_\_\_\_ hereby state on behalf of myself and/or on behalf of my minor child, \_\_\_\_\_ that:

**I HAVE READ THE WARNING THAT:**

UNDER NEW JERSEY LAW, AN EQUINE EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT TO P.L. 1997,c.287(C5:15-1 et seq).

**And further that:**

Terrain, horses, and other hazards, which can result in serious injury.

I accept the responsibility of protecting myself from injury by being careful around the natural dangers and around animals.

I represent that I have medical insurance and lost wage insurance which will adequately cover me in the event of injury.

I agree that I will not file any lawsuit seeking punitive damages.

I hereby irrevocably waive the right to trial by jury.

I hereby irrevocably certify that I have read and accept the above terms. In the event that I file a lawsuit in violation of the above terms I agree to be responsible for all legal fees of any entity or person which must defend said lawsuit.

**PLEASE PRINT CLEARLY:**

**For ADULT RIDERS- signature** \_\_\_\_\_

Print Name \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**For CHILD RIDERS: (Must be completed for participants under the age of 18)**

Signature of Parent/Guardian \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_