

**Nicholas Villa Stables 75D Reutemann Rd., N. Stonington CT 06359 860-535-1038**  
**IMPORTANT READ CAREFULLY-DO NOT SIGN UNLESS YOU FULLY**  
**UNDERSTAND-ASSUMPTION OF RISK AND GENERAL RELEASE**

I understand that riding horses can be a dangerous sport and that serious injury including death can be the result. I understand that horses can be unpredictable in their actions and can at times be uncontrollable and that serious injury, including death can be the result.

I understand that riding horses can be a dangerous sport. I recognize the inherent risks of injury involved in riding programs, Summer Camp, horse farm activities, horse shows, etc. I hereby assume all the risks and dangers and further voluntarily release and will hold harmless, Nicholas Villa Stables, its officers, agents and employees from all actions, causes of action, suits and any and all claims demands and liabilities whatsoever, both in law and equity, which I may acquire against the Nicholas Villa Stables and/or any of its officers, agents and employees in connection with any activity. I agree to indemnify and hold harmless the Nicholas Villa Stables LLC, its officers, employees and agents on account of any such claim, damages, awards, costs, including reasonable attorney's fees which may be incurred.

The terms hereof shall be binding on my executors, heir administrators, assigns and shall serve as an assumption of risk and general release for all members of my family including any minor children and/or wards participating in such activities.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Guardian: please print: \_\_\_\_\_ Signature: Parent/Guardian \_\_\_\_\_

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

Telephone Number: home \_\_\_\_\_ mobile: \_\_\_\_\_

**MEDICAL AUTHORIZATION**

This consent is given in advance of any diagnosis or treatment which may be required to encourage Nicholas Villa Stables its officers, agents, hospital staff & physicians to exercise their best judgement as to the requirements of such diagnosis or treatment in the event emergency medical treatment is required on account of any accident or injury which may occur in connection with any Nicholas Villa Stables activity. The undersigned, including a parent or a minor, hereby consents to any xray exam, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered on the general or specific instructions of a physician or hospital. The undersigned shall pay all fees for doctors, hospitals, ambulances or other medical charges incurred. Current tetanus shots are required of everyone on the premises of Nicholas Villa Stables.

Name: Please print \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Guardian: Please Print: \_\_\_\_\_ Signature: \_\_\_\_\_

In case of emergency please contact:  
Please list any medical issues:

**AGREEMENT TO PAY ALL FEES, COSTS, DAMAGES, ETC. AND TO SELF INSURE**

In order for the Nicholas Villa Stables to make available to the public; riding, training and showing programs, an equestrian center and horse farm with all attendant facilities and activities at a reasonable cost, each person and /or family must provide his or her own insurance to cover all individual/family participation and activities; and, must pay all fees, charges, expenses, costs and damages when due.

Nicholas Villa Stables provides NO insurance coverage for you, your family or anyone with you and you must provide your own. All services, premises, facilities, programs, activities, etc. are made available subject to this condition.

Nicholas Villa Stables will not be responsible for any injuries, accidents, damages, claims, or liabilities of any type for any reason. Each person must provide for his/her and/or child/ward/family such medical, accident, injury, disability, liability or other insurance as desired. Each person must pay for any and all such expenses and/or fees that he/she/child/ward/family incurs in any connection with the Nicholas Villa Stables. This includes all activities such as instruction, training, riding, showing, transportation, clinics, sponsored and recreational events by any user, student, visitor, participant, observer, helper, supporter or anyone coming in contact with the Nicholas Villa Stables in any way or for any reason.

I/we shall be jointly and severally liable for all fees, charges, expenses, costs, and damages; plus reasonable legal fees and costs.

I/we hereby agree to assume all responsibility and risk from my/our use of horses, equipment, premises, and facilities and further agree to indemnify and save harmless Nicholas Villa Stables, its officers, agents, employees or servants against any and all loss or expense including legal fees and costs, by reasons of liability imposed by law upon Nicholas Villa Stables, its officers, agents, employees, or servants for damages because of bodily injuries, including death, or because of property damage sustained, accidentally or otherwise, by any persons, including the undersigned, arising out of or in consequence of the use of horses or equipment or the use of presence at Nicholas Villa Stables, whether such injuries to persons or damage to property are due or claimed to be due to any negligence of Nicholas Villa Stables, its officers, agents, employees, independent contractors or servants or any other person.

\_\_\_\_\_  
Name: Please print

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent/Guardian: Please Print

\_\_\_\_\_  
Signature

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

Phone number: home: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Nicholas Villa Stables 75D Reutemann Rd., North Stonington CT 06359 860-535-1038**