

**Brass Lantern Farm**  
*and*  
**Alta Vista Equestrian Training, Inc.**  
2022 Newtown Pike Georgetown, KY 40324

**RELEASE AND HOLD HARMLESS AGREEMENT**

I, \_\_\_\_\_, acknowledge the risk of accidents and injuries to person and property in all horse-related activities. Therefore, in consideration of the services of Otis Brown, Jr., Brass Lantern Farm, Carrie Dahmer, Alta Vista Equestrian Training, and the employees of any of above, I agree to assume the risks of all accidents, loss or damage of any equipment or personal property, injury, or illness to myself, to any horse owned by me, and to any family member or other person accompanying me on the premises of Brass Lantern Farm, Inc.. I further agree to hold harmless and indemnify Otis Brown Jr., and Brass Lantern Farm, Inc., and its employees, Carrie Dahmer, Alta Vista Equestrian Training and its employees from any and all claims made by any person or entity which are in any way connected with or incidental to services rendered to me or any family member by any of the above listed providers whether on or off of the home property.

**THIS AGREEMENT SHALL BE GOVERNED BY THE LAWS OF THE STATE OF KENTUCKY. UNDER KENTUCKY LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.**

\_\_\_\_\_  
NAME OF STUDENT/OWNER (PRINT)DATE OF BIRTH

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITYSTATEZIP CODE

\_\_\_\_\_  
HOME PHONEOFFICEMOBIL / CELL

\_\_\_\_\_  
SIGNATURE [PARENT OR GUARDIAN OF MINOR]DATE

\_\_\_\_\_  
NAME & ADDRESS OF PERSON RESPONSIBLE FOR PAYMENT

\_\_\_\_\_ [this must be signed]  
**I AGREE TO PAY CURRENT RATES FOR ALL SERVICES GIVEN ON MY BEHALF**

EMERGENCY MEDICAL INFORMATION WE SHOULD KNOW [use back of page if necessary]