

Stable Places  
14790 West Mayland Villa Rd  
Lincolnshire IL, 60069  
(224) 377-0108  
contactstableplaces@gmail.com

Stable Places  
Liability Release

Any individual that has contact with horses or this training facility must sign this release.

The undersigned, individually, and/or as parent or guardian hereby agrees:

1. To release Stable Places and the owners of the property or grounds, the management, their officers, directors, trainers, employees, members or agents from any loss, damage, liability or injury arising out of, or resulting from any and all claim or claims which may hereafter develop, occur and/or accrue to the undersigned on account of, or by reason of, any injury, loss or damage which may be suffered by the undersigned or to any property, because of any matter, thing or condition, negligence or default whatsoever.
2. To indemnify, hold harmless and defend Stable Places and the owners of the property or grounds, the management, their officers, directors, employees, members or agents from and against any and all claims for loss, damage, liability or injury, however caused, resulting directly or indirectly from the undersigned entry or participation in any activity or from any act and/or omissions of the undersigned or the undersigned's agents.
3. Acknowledges that under the Illinois Equine Activity Liability Act, (745 ILCS 47/1 et seq.) each participant who engages in an Equine Activity expressly assumes the risks of engaging in and legal responsibility for injury, loss or damage to person or property resulting from the risk of Equine activity. I understand that this is a high-risk sport and I am participating at my own risk. I hereby release and hold harmless: Stable Places, its owners and employees, attendants, spectators, and all others involved from all liability for accidents, damage, injury or illness sustained or caused as a result of my participation in equine activities at this facility.

The undersigned hereby assumes and accepts the full risk and danger of any hurt, injury or damage which may occur through or by reason of any matter, thing or condition, negligence or default of any person or persons whatsoever. In the event of injury to the undersigned or to undersigned's animal, permission is hereby granted for emergency medical treatment.

Name (Print)\_\_\_\_\_

Signature\_\_\_\_\_ Date\_\_\_\_\_

Legal Guardian Signature (if client is under 18) \_\_\_\_\_

In case of emergency contact\_\_\_\_\_

Phone number\_\_\_\_\_

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Media Release

I, \_\_\_\_\_, grant permission to Stable Places to use my image (photographs and/or video) for use in Media publications including websites, social media sites, newsletters, publications or other media.

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and waive any right to royalties or other compensation arising from or related to the use of the image.

Please initial the paragraph below which is applicable to your present situation:

\_\_\_\_\_ - I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as free and knowledgeable acceptance of the terms of this release.

\_\_\_\_\_ - I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as free and knowledgeable acceptance of the terms of this release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

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

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

Signature of parent or legal guardian: \_\_\_\_\_  
(if under 18 years of age)