

**EQUINE RELEASE AND WAIVER OF LIABILITY,
ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**

Name:
Address:
Telephone:

READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOU UNDERSTAND IT AND AGREE ON ITS TERMS. BY SIGNING THIS AGREEMENT, YOU, YOUR CHILD, OR ANY OF YOUR REPRESENTATIVES/ASSOCIATES ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR RECOVER DAMAGES IN CASE OF INJURY, DEATH OR PROPERTY DAMAGES, FOR ANY REASON, INCLUDING BUT NOT LIMITED TO, THE NEGLIGENCE OF ARABIAN RESCUE THERAPY; AND/OR BOARDMAN ARABIANS LLC; ; IT'S OWNER(s), EMPLOYEE(s) AND AGENTS ("THE RELEASEES").

I hereby enter into this agreement in consideration of my / ability and permission to ride OR use any Horse owned by (The Releasees") Whose address is

_____.

IMPORTANT NOTICE

BY SIGNING THIS AGREEMENT YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF YOUR RIDING OR USE OF THE OWNER'S HORSE AND/OR PARTICIPATION IN EQUINE ACTIVITIES AT INCLUDING INJURY, DEATH, OR PROPERTY DAMAGE ARISING OUT OF THE NEGLIGENCE OF YOU OR THE RELEASEES

READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOUR UNDERSTANDING OF AND AGREEMENT TO ITS TERMS. By signing this form, I hereby acknowledge on behalf of myself that I have familiarized myself with the activities that I will be allowed to participate in, and that I do hereby acknowledge and agree that I will participate in these activities without restriction or limitation. I recognize the inherent risks involved in riding and working with horses, including but not limited to:

- _ Bites, kicks, abrasions or contusions from horses.***
- _ Being thrown or bucked off by horses.***
- _ Scratches or other injury from stalls or enclosures.***
- _ Scratches or other injury from grooming tools and other equine equipment and tack.***
- _ Allergic reactions to animals, hay, or other allergens.***
- _ Tripping in holes or on materials or equipment.***

(Initial) _____

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_ Slipping, falling, or otherwise being injured in the barn, in stalls, or on the grounds, which can be slippery, muddy, wet, or contain or present other hazards.

_ Any and all injuries, reactions, or liabilities in any physical, mental, or psychological way that are related to THE RELEASEES and their animals, property, equipment, etc.

I hereby specifically forever waive and release THE RELEASEES and its principals and agents from any liability for injury arising out of the inherent risks from riding, working or participating in a stable environment and/or with horses, as well as from the active negligence of THE RELEASEES its principals and agents.

(Initial) _____

By signing this agreement I hereby acknowledge that although there may be supervision during my time spent at THE RELEASEES there will not be a nurse on the premises and THE RELEASEES and its principals and agents bear **no responsibility** for my health or medical care.

I agree to indemnify, save and hold harmless THE RELEASEES and its principals and agents from and against any loss, liability, damage, attorneys' fees, or costs that they may incur arising out of or in any way connected with either my presence or participation at THE RELEASEES or any acts or omissions of THE RELEASEES principals or agents.

By signing this Agreement, and by initialing the paragraph below, I hereby acknowledge my complete understanding, agreement and consent to my presence and/or participation in the activities at THE RELEASEES (ARABIAN RESCUE THERAPY, BOARDMAN ARABIANS< LLC) without restriction, without liability to THE RELEASEES its principals or agents, and with full knowledge and understanding of the disclosures, waivers, and releases herein.

(Initial) _____

If I am present at and participate in the activities of THE RELEASEES I do so at my own risk, and I hereby acknowledge and agree that THE RELEASEES and/or any of its principals and agents shall bear no responsibility or risk associated with injuries that could arise from my presence or participation at THE RELEASEES.

Name: _____ Date: _____

Participant's Signature: _____

Participant's Signature: _____

Address: _____

Phone: _____ Email: _____

**Permission to Use Photographs/Images for
ARABIAN RESCUE THERAPY, BOARDMAN ARABIANS, LLC**

ARABIAN RESCUE THERAPY, BOARDMAN ARABIANS, LLC, (hereafter known as THE RELEASEES) and its representatives, agents, and employees the right to take photographs of me and my property while interacting with THE RELEASEES and their animals; property, agents, representatives, and employees. I authorize THE RELEASEES, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that THE RELEASEES may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Printed name _____

Organization Name (if applicable) _____

Address _____

Date _____

Signature, parent or guardian _____
(if under age 18)