

HORSES & HORIZONS THERAPEUTIC LEARNING CENTER, INC.

**VOLUNTEER ACKNOWLEDGEMENT OF RISK
ACCEPTANCE OF RESPONSIBILITY & RELEASE OF LIABILITY**

I, the undersigned, hereby acknowledge that I have voluntarily applied to have myself or my son/my daughter/ my ward, _____, participate as a volunteer

(Print participant's name here.)

in therapeutic horseback riding lessons at Horses & Horizons Therapeutic Learning, Center, Inc., 375 Zions Stone Church Road, New Ringgold, PA.

I understand the activity of horseback riding and other equine activities involve numerous inherent risks of injury that are an integral part of such an activity. I assume full responsibility for myself or for my son/ my daughter/ my ward for all such risks, including loss of control, collisions, and obstacles whether they be obvious or not obvious.

I and/or my family further understand that an animal, irrespective of its training and usual past behavior and characteristics, may act or react unexpectedly or unpredictably at times, and I also assume such risks for myself, my son/ my daughter/ my ward. I further understand that animals are unpredictable and that the risk of injury is inherent to activities involving equines. I agree to assume all risk of injury or death caused by horseback riding and/or equine assisted activities for myself, my son/ my daughter/ my ward, whatever the cause, except as provided by law.

As consideration for being permitted by Horses & Horizons Therapeutic Learning Center, Inc. to participate in its therapeutic horseback riding program, I do hereby waive any claim and release Horses & Horizons Therapeutic Learning Center, Inc., and all of its owners, board members, officers, members, volunteers, affiliated organizations, land owners, agents, and/or employees for any injury or death caused by or resulting from participation for myself, my son/ my daughter/ my ward in equine assisted activities including horseback riding.

This contract shall be legally binding upon me, my heirs, my estate, assigns, legal guardians, and my personal representatives.

I have carefully read this agreement and fully understand the contents. I am aware that I am releasing certain legal rights that I otherwise may have, and I enter in the contract on behalf of myself and/or my family of my own free will.

THIS IS A RELEASE OF LIABILITY. DO NOT SIGN OR INITIAL THIS RELEASE IF YOU DO NOT UNDERSTAND OR DO NOT AGREE WITH ITS TERMS.

Name of Participant (Please print.)

Date

Signature of Participant

Date

Signature of Mother/Guardian
(If participant is under 18 years of age.)

Date

Signature of Father/Guardian
(If participant is under 18 years of age.)

Date