



HORSES FOR HEALING TRC

Mailing Address: P.O. Box 4839 * Auburn, CA 95604 * Voice (530) 887-9573
Riding Center: Center Stage * 13355 Bell Brook Drive * Auburn, CA 95602



RELEASE OF LIABILITY

Participant _____ Telephone _____

Address _____

City, State, Zip _____

E-Mail _____ @ _____

I acknowledge that horses are large animals and horseback riding is a sport which carries inherent risks of injury and damage to myself, my child, persons in my care, a horse and property belonging to the Horses For Healing Therapeutic Riding Center (hereafter referred to as HFH) and others. I knowingly assume all risks of injury and damage, whether known or unknown, of horseback riding.

In consideration of my participating in events organized or sponsored by HFH, I hereby release HFH from all liability whatsoever, specifically including for example any act of negligence or want of ordinary care on the part of HFH or any of its agents, volunteers, servants, members, employees, officers and directors, and I waive, release and discharge HFH and its agents, volunteers, servants, members, employees, officers and directors from any and all claims of liability for injury or damage to myself, my child, persons in my care or my property arising out of participation in events organized or sponsored by HFH. This agreement is binding upon my personal representatives, guardians, conservators, successors, administrators, executors, heirs and assigns.

I expressly waive any rights I may have under California Civil Code 1542, which states: "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him might have materially affected his settlement with the debtor."

I agree that I will defend, indemnify and hold harmless HFH, its officers, members, volunteers, employees, servants, directors, and agents against all claims, demands, and causes of action, including court costs and actual attorney fees, arising from any legal proceeding of any character or lawsuits prosecuted against HFH arising out of in any manner whatsoever my participation in events organized or sponsored by HFH irrespective of any negligence or alleged negligence of HFH. My obligation to defend HFH will commence immediately after the earlier of a claim for damages being made against HFH, commencement of any legal proceeding of any character, or the filing of a lawsuit prosecuted against HFH.

HFH, its agents or employees, shall not be liable for any damage, which may accrue from any cause or as a result of fire, theft, running away, state of health, injury to person, horse or property.

I acknowledge that I have read this Release of Liability and know and understand its contents.

I acknowledge that all riders will be required to wear a safety helmet while riding in the HFH program so as to help prevent horse related head injuries.

Signature: _____ Date: _____

MINORS DO NOT SIGN THIS FORM

PARENT OR LEGAL GUARDIAN MUST COMPLETE THIS SECTION

I, the undersigned parent/caregiver of the above participant in consideration of my minor's participation in the event, agree that the terms and conditions of this Release of Liability shall be binding as to damage or injury to my minor and property arising out of his/her participation in this program. I acknowledge that I have read this Release of Liability and know and understand its contents.

Print Name: _____ Telephone: _____

Address: _____

Signature: _____ Date: _____

VOLUNTEER RELEASE OF LIABILITY