

# Partners Therapeutic Horsemanship

Name \_\_\_\_\_ S V

## AGREEMENT FORM FOR FULL ASSUMPTION OF RISK AND RELEASE OF ALL LIABILITY

I, the undersigned, am of legal adult age and of sound mind do for myself, or on behalf of my child or legal ward, or other minor listed below, for whom I hereby attest to accepting full responsibility for (hereinafter all inclusively "the rider"), hereby voluntarily request to participate in the horseback riding activities directed by Partners Therapeutic Horsemanship, Inc.

I, and/or the rider will ride and work with either a horse provided by Partners, my own horse, or a horse provided by a third party. I understand that I and/or the rider is responsible for all bodily injury and or property damage which I, and or the rider, and or the rider's horse should cause or receive either on the premises of Donald and Margaret Bright, Lone Oak Ranch and the Bright Family Trust dated Jan. 16, 1989 or any other property including any trails while accompanying other horses or riding alone or receiving instruction. Furthermore, I accept all responsibility and liability for any incident involving the rider and or the rider's horse with any other rider, horse, individual or property.

I understand that horseback riding is a dangerous activity and that there are dangers from even being near a horse and that any horse, even the most gentle, can be provoked or frightened and as a result act or react in a dangerous or unpredictable manner. We agree not to touch, pet or feed any horses or enter the horse's pens with out the horses owners' permission or to provoke or otherwise influence our horse or the horse of another rider at any time as this can be very dangerous.

I understand that horses are animals and as such are unpredictable by nature; that when frightened, angry, under stress, or for no reason at all, a horse's natural instincts are to move, shake, bolt, jump forward or sideways, to run away from danger, to kick, to buck, to rear up in front, or to bite. Any horse may bite or kick me or anther rider or horse. I understand that horses are extremely heavy and powerful and that if I fall to the ground the fall distance will be generally from 4 to 6 feet or if a horse lays down on me that the weight may be between 500 to 2,000 pounds. I understand that any or all of the horse activities directed by Partners Therapeutic Horsemanship, Inc., or their representatives, may cause myself and or the rider serious permanent injury or death and I and or the rider agree to participate in this activity willingly and voluntarily.

I hereby agree not to bring any suit against Partners Therapeutic Horsemanship, Inc., or their representatives, their successors, assigns, agents, affiliates, owners, employees, officers, members or Board of Directors, advertisers, sponsors or supporters and volunteers for any reason at any time now or in the future for any injury, damage, or incident which may occur as a result of my participation in any activity offered and provided by or affiliated with Partners Therapeutic Horsemanship, Inc., or their representative. I and the rider hereby for ourselves, heirs, administrators, assigns and representatives completely release, indemnify, hold harmless and discharge the owners, operator, sponsors, agents, associates and employees of Partners Therapeutic Horsemanship, Inc., or their representatives, and their respective agents, representatives, associates and all other participants of and from Partners Therapeutic Horsemanship, Inc. equestrian activities. I furthermore agree to reimburse Partners Therapeutic Horsemanship, Inc. upon demand for any and all expenses incurred as a result of any action, legal or otherwise, that I, my heirs, administrators, assigns, representatives or agents or those of the rider may initiate against Partners Therapeutic Horsemanship, Inc., and/or their agents, representatives, associates or other participants now or in the future.

I understand Donald and Margaret Bright, Lone Oak Ranch and the Bright Family Trust dated Jan. 16,1989 are a completely separate entity from Partners Therapeutic Horsemanship, Inc., and hereby agree not to bring any suit against Donald and Margaret Bright, Lone Oak Ranch and the Bright Family Trust dated Jan. 16, 1989, their clients or client's horses, their successors, assigns, agents, affiliates, employees, officers, members or Board of Directors, advertisers, sponsors or supporters and volunteers for any reason at any time now or in the future for any injury, damage, or incident which may occur as a result of my participation in any activity offered and provided by or affiliated with Partners Therapeutic Horsemanship, Inc. I and the rider hereby for ourselves, heirs, administrators, assigns and representatives completely release, indemnify, hold harmless and discharge the owners, operator, sponsors, agents, associates and employees of Partners Therapeutic Horsemanship, Inc.,

their respective agents, representatives, associates and all other participants of and from Partners Therapeutic Horsemanship, Inc., and Donald and Margaret Bright, Lone Oak Ranch, and the Bright Family Trust dated Jan. 16, 1989. I furthermore agree to reimburse Partners Therapeutic Horsemanship, Inc., Donald and Margaret Bright, Lone Oak Ranch and the Bright Family Trust dated Jan. 16, 1989 upon demand for any and all expenses incurred as a result of any action, legal or otherwise, that I, my heirs, administrators, assigns, representatives or agents or those of the rider may initiate against Partners Therapeutic Horsemanship, Inc., and Donald and Margaret Bright, Lone Oak Ranch and the Bright Family Trust dated Jan. 16, 1989 and or their agents, representatives, associates or other participants now or in the future.

In the event that any of the terms or conditions of this document is held to be illegal, unenforceable or invalid by any court of competent jurisdiction, the legality, validity and enforceability of the remaining terms or conditions shall not be affected thereby.

I acknowledge that I have read, understand, agree and accept all provisions, conditions, warnings, and dangers as stated. I understand this agreement and assumption of risk and liability release document and I assume any and all risks inherent in all horse related activities whether stated herein or not and that I completely release, indemnify and hold harmless Partners Therapeutic Horsemanship, Inc., and any other affiliate entity from any and all liability or responsibility for any incident, accident, damage injury, illness or loss to the rider, rider's horse, the undersigned or to any family member, spectator or guest accompanying the undersigned or in the care of the undersigned.

I further agree and hereby state under penalty of law that all information provided on this document by the undersigned is true and correct. I further understand and agree that all monies, if any, paid by me, the undersigned or the rider to Partners Therapeutic Horsemanship, Inc., are not refundable in whole or in part for any reason whatsoever. I agree to pay Partners Therapeutic Horsemanship, Inc., in full, at their current rates, prior to riding or beginning work with a horse, for the opportunity to learn horse care and management and riding skills. I agree not to stop or dispute payment for any reason.

Print Responsible Adult's Name: \_\_\_\_\_

Responsible Adult's Signature:

\_\_\_\_\_ Date \_\_\_\_\_

Student/Rider's Name: \_\_\_\_\_ Age \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_

Work \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

*Please list any specific concerns (health or otherwise), conditions, learning disabilities, etc.*