

**PARTICIPANT RELEASE OF LIABILITY**

**READ BEFORE SIGNING**

**PARTICIPANT'S NAME:** \_\_\_\_\_

(Please Print)

\*\*\*\*\*

\_\_\_\_\_ Yes, I would like to receive literature about upcoming ranch events (Please fill out address information)

**ADDRESS:** \_\_\_\_\_

(City, State)

(Zip)

**PHONE NUMBER:** (\_\_\_\_\_) \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

\*\*\*\*\*

IN CONSIDERATION of being permitted to participate among and on horses under the auspices of Whispering Hope Ranch, I acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including potential for permanent paralysis or death. This risk includes but is not limited to my being in the presence of, mounted on, and/or leading horses;

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown; EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability below, and assume full responsibility for my participation; and,

3. I will comply with all rules and regulations. If I have any questions, or observe any unusual or unnecessary hazard during my participation, I will immediately bring such to the attention of the nearest official; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS Whispering Hope Ranch, the owners and lessors of premises used to conduct the equestrian activities, their officers, officials, instructors, trainers, agents and/or employees ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X \_\_\_\_\_ Date Signed: \_\_\_\_\_

PARTICIPANT'S SIGNATURE (If over 18 years of age)

**FOR PARTICIPANTS OF MINORITY AGE**  
**(UNDER AGE 18 AT TIME OF REGISTRATION)**

*This* is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_ EMERGENCY PHONE # (s)

Date Signed \_\_\_\_\_