

PARTICIPANT RELEASE OF LIABILITY

READ BEFORE SIGNING

PARTICIPANT'S NAME: _____
(Please Print)

If you would like to be added to our mailing list please fill in personal 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 Ministries, 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 Ministries, the owners and leasers 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.
5. I give permission for any pictures that may be taken at the ranch can be used in Whispering Hope Ranch Ministries marketing, literature, promotions, etc.

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 _____