



EQUINE RELEASE AND WAIVER OF LIABILITY ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

Name:

Address:

Telephone:

I hereby enter into this agreement in consideration of my/ability and permission to ride OR use any Horse owned by **New Life Equine Therapy** (Name of Stable Facility or Owner) ("Owner) whose addresses are:
14021 Susie Lane B, Alvin, Texas

IMPORTANT NOTICE

BY SIGNING THIS AGREEMENT YOU ARE GIVING UP CERTAIN LEGAL RIGHT, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF YOUR RIDING OR USE OF THE OWNER'S HORSE/S AND/OR PARTICIPATION IN EQUINE ACTIVITIES AT (Name of Stable, Facility or Owner) New Life Equine Therapy , INCLUDING INJURY, DEATH, OR PROPERTY DAMAGE ARISING OUT OF THE NEGLIGENCE OF YOU OR (Name of Stable, Facility or Owner) New Life Equine Therapy.

READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOUR UNDERSTANDING OF AND AGREEMENT TO ITS TERMS.

By signing this form, I hereby acknowledge on behalf of myself that I have familiarized myself with the activities that I will be allowed to participate in, and that I do hereby acknowledge and agree that I will participate in these activities without restriction or limitation. I recognize the inherent risks involved in riding and working with horses, including but not limited to:

- Bites, kicks, abrasions or contusions from horses.
- Being thrown or bucked off by horses.
- Scratches or other injury from stalls or enclosures.
- Scratches or other injury from grooming tools and other equine equipment and tack.
- Allergic reactions to animals, hay, or other allergens.
- Tripping in holes or on material or equipment.

If I am present at and participate in the activities of (Name of Stable, Facility or Owner)

New Life Equine Therapy I do so at my own risk, and I hereby acknowledge and agree that (Name of Stable, Facility or Owner) New Life Equine Therapy and/or any of its principals and agents shall bear no responsibility or risk associated with injuries that could arise from my presence or participation at (Name of Stable, Facility or Owner) New Life Equine Therapy.

Name:

Date:

Participant's Signature: