

ASSUMPTION OF RISK ACKNOWLEDGEMENT

I AM AWARE THAT HORSEBACK HANDLING AND RIDING POSES POTENTIALLY SERIOUS RISKS OF INJURY OR DEATH TO ITS PARTICIPANTS AND THAT THE HORSE OR I MAY BE INJURED OR DIE AS A RESULT OF MY NEGLIGENCE, THE NEGLIGENCE OF OTHERS, OR THROUGH NO FAULT OF MINE OR ANYONE ELSE, BECAUSE OF THE NATURE OF THE ACTIVITY IN WHICH I AM GOING TO BE ENGAGED. I ALSO UNDERSTAND THAT HORSES, EVEN THE MOST WELL TRAINED AND SURE FOOTED, CAN BECOME UNPREDICTABLE AND DIFFICULT TO CONTROL.

By signing this release and waiver, I understand that I am giving up (waiving and releasing) any right I may have to sue or to make any subsequent claim against: Liberty Sanctuary, Liberty Ranch, Debra West, Scott Horner, other riders, helpers, employees, their families or any private property owners. I agree to hold Liberty Ranch LLC, Liberty Sanctuary, Debra West, Scott Horner, other riders, helpers, employees, or their families free from any liability, loss, cost or expense (including attorney's fees, medical and ambulance costs) that I may incur while participating on the below signed date or any other day. I have read, understood, and agree to abide by this liability waiver.

In case of emergency please call 911 immediately. PLEASE NOTE, LIBERTY RANCH IS HOME TO LIBERTY ANIMAL SANCTUARY WHICH IS REHABILITATING WILD HORSES WHICH CAN BE DANGEROUS AND UNPREDICTABLE. Also, Little Pole Canyon is home to different wildlife including deer, elk, coyote, cougar and bear. The wildlife may make horses behave erratically. While close encounters are certainly not the norm, it is wise to be alert and prepared by packing some first aid supplies. There are parts of the property without full mobile phone coverage and it is always recommended to ride with a buddy when on trail. Should you decide to ride alone, you are accepting responsibility for your safety.

I/We agree that: Should medical treatment be required, I and/or my medical insurance shall pay for **ALL** such incurred expenses.

For repeat volunteers/students/riders it is understood that once this waiver is signed it applies to each future time you visit the horses. Should you wish to make changes please request a new form.

Protective Headgear/Helmet Acceptance or Refusal

We have protected headgear available for anyone interacting with our horses. There are helmets in our tack shed and you may also bring your own.

O I was offered a helmet and it is my responsibility to decide whether I wear the helmet each time I ride. If I fail to wear the helmet for a ride or lesson, no one else is liable but myself.

I give permission to use my photograph and/o	or name to market Liberty Sanctuary and/or Liberty
Ranch. Yes O No O	
Signature of volunteer/parent/guardian	Date
Printed name	
Phone Number Email Add	dress
Level of horse handling/horsemanship experier	nce (1-10)
Goals/What I wish to learn	
Special Skills	
How I learned about Liberty Sanctuary	

Please visit <u>www.libertysanctuary.org/btb</u> for helpful resources and safety tips!

<u>UTAH</u> WARNING Pursuant to the Utah Equine Activity Liability Act, 78-27b-101, et seq., it shall be presumed that participants in equine or livestock activities are aware of and understand that there are inherent risks associated with these activities. An equine activity sponsor, equine professional, livestock activity sponsor, or livestock professional is not liable for an injury to or the death of a participant due to the inherent risks associated with these activities. "Inherent risk" with regard to equine or livestock activities, which may include: a) The propensity of the animal to behave in ways that may result in injury, harm, or death to persons on or around them: b) The unpredictability of the animal's reaction to outside stimulation such as sounds, sudden movement, and unfamiliar objects, persons, or other animals; c) Collisions with other animals or objects; d) The potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such failing to maintain control over the animal or not acting within his or her ability.

Minor Family Members

Participant Signature	 Date
Participant Name	 Age
Participant Signature	 Date
Participant Name	 Age
Participant Signature	 Date
Participant Name	 Age
Participant Signature	 Date
Participant Name	 Age
Participant Signature	 Date
Participant Name	 Age
Participant Signature	 Date
Participant Name	 Age
Participant Signature	 Date
Participant Name	 Age