



Volunteer & Visitor Release and Hold Harmless Agreement

WARNING: Under Georgia Law, an equine activity sponsor or equine professional is not liable for the injury to or death of a participant in equine activities resulting from the inherent risk of equine activities, pursuant to Chapter 12 of title 4 of the Official Code of Georgia (Annotated).

NAME: _____ DOB: ____/____/____ AGE: _____

ADDRESS: _____ STATE: _____

CITY: _____ ZIP CODE: _____

PHONE NUMBER: _____

EMAIL: _____

EMERGENCY CONTACT

NAME: _____ RELATIONSHIP: _____

PHONE NUMBER: _____

In consideration for the privilege of working with horses and farm animals at TRINITY STABLES Horses Healing Hearts, Inc., I _____ (Volunteer/ Visitor) acknowledge that I have read the above WARNING and the statements of this Release and Hold Harmless Agreement, and hereby indemnify and hold harmless TRINITY STABLES Horses Healing Hearts, Inc. and its employees and students from any liability arising from accident, injury, theft, or damages to myself, representatives, helpers, all equipment and property, and any animals under my jurisdiction. I understand the potential danger that I could incur in walking, boarding, feeding, or grooming assigned horses; including but not limited to, any interactions with other horses. Understanding these risks, I hereby release TRINITY STABLES Horses Healing Horses, Inc., its officers, directors, shareholders, and anyone else directly or indirectly connected with TRINITY STABLES Horses Healing Hearts, Inc. from any liability whatsoever in the event of injury or damage of any nature (or perhaps even death) to me or anyone else cause by or incidental to my electing to work with any horses own or operated by TRINITY STABLES Horses Healing Hearts, Inc.

I further voluntarily agree and warrant to Release and Hold Harmless this equine professional from any liability whatsoever, including, but not limited to, any incident caused by or related to said equine professional's negligence, relating to injuries know, unknown, or otherwise not herein disclosed; including but not limiting to injuries, death, or property damage from walking, grooming, feeding, use of barn, paddocks, or arenas in any capacity relating to my failure to understand my equine professional's directions relating to my use and control (or lack thereof) of the horse(s) to which I have been assigned.

GRANT OF PERMISSION

I/we the undersigned hereby grant permission and authority to TRINITY STABLES Horses Healing Hearts, Inc. and authorized employees to act for us in executing verbal instructions if unable to contact us, to act for us in dealing with physicians, available ambulance companies and hospitals, to obtain prompt medical attention for the Volunteer named, in the event of any perceived medical emergency. I hereby covenant and agree to release TRINITY STABLES Horses Healing Hearts, Inc., its officers, agents, and employees, and owners of any property or horses concerned, and hold harmless from any liability, injury, or damage which the volunteer may sustain while participating in any activity sponsored by TRINITY STABLES Horses Healing Hearts, Inc. or any liability connected with obtaining prompt medical attention for the Volunteer named above.

IF UNDER 18, THE PARENT OR LEGAL GUARDIAN MUST SIGN

SIGNATURE: _____ DATE: _____

(Volunteer/Visitor or Parent/Legal Guardian)

PRINT NAME: _____