

New Life Equine Therapy
Facility



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

Child's Name: _____

Parent/Guardian Name: _____

Address: _____

Phone: _____

In consideration of being permitted to participate in equine activities and/or use horses owned or managed by, **New Life Equine Therapy Facility**, located at 14021 Susie Lane B, Alvin, TX 77511, I agree to the following:

IMPORTANT NOTICE

By signing this agreement, you are waiving certain legal rights, including the right to recover damages for injury, death, or property damage arising from participation in equine activities, including those caused by negligence.

I understand that equine activities involve inherent risks such as:

- Bites, kicks, or being thrown
- Scratches from stalls or equipment
- Allergic reactions to animals or materials
- Trips and falls on uneven ground or equipment

I accept full responsibility for any risk of injury or damage associated with these activities and agree that **New Life Equine Therapy Facility, its staff, agents, or volunteers are** not liable for any injury or loss that may occur.

I have read this release, understand its terms, and sign it voluntarily.

Date: _____

Parent/Guardian Signature: _____

Printed Name of Parent/Guardian: _____