



**THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS AND LIABILITIES
PLEASE READ CAREFULLY!
AGREEMENT FOR ACCEPTANCE OF RISK AND WAIVER OF LIABILITY**

I REQUEST PERMISSION TO PARTICIPATE IN HORSEBACK RIDING AND OTHER EQUESTRIAN RELATED ACTIVITIES ORGANIZED AND OPERATED BY THE **PRAIRIE SKY EQUINE ASSISTED THERAPY ASSOCIATION** . I FULLY UNDERSTAND THAT HORSEBACK RIDING, HANDLING, AND GROOMING OF HORSES AND OTHER RIDING STABLE ACTIVITIES ARE VERY DANGEROUS.

I WISH TO PARTICIPATE IN THESE ACTIVITIES KNOWING THAT THEY ARE DANGEROUS. I ACCEPT AND ASSUME ALL RISK OF INJURY (**INCLUDING DEATH**) TO ME OR MY PROPERTY.

IN EXCHANGE FOR BEING PERMITTED TO PARTICIPATE IN THESE ACTIVITIES, FOR MYSELF, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES, I RELEASE AND AGREE NOT TO MAKE ANY CLAIMS AGAINST THE **PRAIRIE SKY EQUINE ASSISTED THERAPY ASSOCIATION AND/OR PROPERTY OF OWNERS, OFFICIALS, SERVANTS, EMPLOYEES, REPRESENTATIVES, OFFICERS, AND DIRECTORS** FOR ANY INJURY (**INCLUDING DEATH**) ARISING OUT OF MY PARTICIPATION IN THESE DANGEROUS HORSEBACK RIDING OR RELATED ACTIVITIES.

PROTECTIVE HEADGEAR IN THE FORM OF HIGH IMPACT HELMET, AND FOOTWEAR APPROPRIATE FOR RIDING IS REQUIRED BY ALL RIDERS.

I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS STATED HEREIN AND THAT IT IS BINDING UPON MY EXECUTORS, HEIRS, AND ASSIGNS.

DATED: _____

SIGNATURE OF PARTICIPANT: _____

PRINT NAME: _____

WITNESS: _____

PRINT NAME: _____



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AGREEMENT FOR ACCPETANCE OF RISK AND WAIVER OF LIABILITY FOR A MINOR CHILD**

I REQUEST PERMISSION FORMY CHILD _____ TO PARTICIPATE
IN HORSEBACK RIDING AND OTHER EQUESTRIAN RELATED ACITIVITES ORGANIZED AND
OPERATED BY THE **PRAIRIE SKY EQUINE ASSISTED THERAPY ASSOCIATION** .

I FULLY UNDERSTAND THAT HORSEBACK RIDING, HANDLING, AND GROOMING OF HORSES AND
OTHER RIDING STABLE ACTIVITIES ARE VERY DANGEROUS. I WISH TO ALLOW MY CHILD TO
PARTICIPATE IN THESE ACITIVITIES KNOWING THAT THEY ARE DANGEROUS.

I ACCEPT AND ASSUME ALL RISK OF INJURY (INCLUDING DEATH) TO MY CHILD OR MY PROPERTY.
I REPRESENT AND WARRANT THAT I HAVE AUTHORITY TO GIVE THIS RELEASE.

IN EXCHANGE FOR MY CHILD BEING PERMITTED TO PARTICIPATE IN THESE ACITIVITES, FOR MY
CHILD, MYSELF, MY CHILDS HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES, I RELEASE AND
AGREE NOT TO MAKE ANY CLAIMS OF ANY KIND AGAINST THE **PRAIRIE SKY EQUINE ASSISTED
THERAPY ASSOCIATION AND/OR PROPERTY OF OWNERS, OFFICIALS, SERVANTS, EMPLOYEES,
REPRESENTATIVES, OFFICERS, AND DIRECTORS** FOR ANY INJURY (INCLUDING DEATH), TO MY
CHILD OR ANY DAMAGE TO MY PROPERTY, ARISING OUT OF MY CHILD'S PARTICIPATION IN
THESE DANGEROUS HORSEBACK RIDING OR RELATED ACTIVITIES.

IT IS MANDATORY THAT ALL MINORS WEAR A HIGH IMPACT HELMET, AND FOOTWEAR
APPROPRIATE FOR RIDING.

I ACKNOWLEDGE AS PARENT/GUARDIAN OF _____,
THAT I HAVE READ AND FULLY UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS
STATED HEREIN AND THAT IT IS BINDING UPON MY EXECUTORS, HEIRS, AND ASSIGNS.

DATED: _____

SIGNATURE OF PARTICIPANT: _____

PRINT NAME: _____