



Serenity Therapeutic Equine Program

7580 16th ST SW Minot ND 58701

www.serenitytep.org

Assumption of Risk and Liability Release

THIS DOCUMENT LIMITS YOUR RIGHT TO RECOVERY OF DAMAGES IN CASE OF BODILY INJURY OR PROPERTY DAMAGE. READ IT CAREFULLY BEFORE SIGNING. THROUGH PARTICIPATION IN THIS ACTIVITY, YOU ARE EXPOSING YOURSELF, YOUR PROPERTY AND OTHERS TO A SUBSTANTIAL AND SERIOUS RISK OF PROPERTY DAMAGE, PERSONAL INJURY, OR DEATH.

ASSUMPTION OF RISK. In consideration of my being allowed to participate in equine activities with SERENITY THERAPEUTIC EQUINE PROGRAM, I assume all risks and responsibilities for the safety of myself, my animals, and my property, as well as the safety of the person, animals, and any property of any minor who accompanies me.

LIABILITY RELEASE. I agree that in consideration of SERENITY THERAPEUTIC EQUINE PROGRAM allowing my participation in this activity, I, the rider, do agree to hold harmless, release, and discharge SERENITY THERAPEUTIC EQUINE PROGRAM, its owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises and trials, affiliated organizations, insurers, and others acting on its behalf (hereinafter collectively referred to as "ASSOCIATES"), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to SERENITY THERAPEUTIC EQUINE PROGRAM and/or its ASSOCIATES ordinary negligence; and I do further agree that except in the event of SERENITY THERAPEUTIC EQUINE PROGRAM gross negligence and willful and wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action, against SERENITY THERAPEUTIC EQUINE PROGRAM and its ASSOCIATES as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child and/or legal ward in relation to the premises and operations of SERENITY THERAPEUTIC EQUINE PROGRAM, to include while riding, handling, or otherwise being near horses owned by or in the care, custody and control of SERENITY THERAPEUTIC EQUINE PROGRAM, whether on or off the premises of SERENITY THERAPEUTIC EQUINE PROGRAM.

I hereby warrant and represent that I am of lawful age and legally competent to sign this RELEASE; that I understand that the terms of this RELEASE are contractual; and the RELEASE shall be binding on my personal representative or estate, assigns, heirs and next of kin and that I have signed this RELEASE as my own free act. I hereby state that if any part of the RELEASE is found not to be legally binding on me, all other parts of the RELEASE shall be binding on me and continue in full force and effect. I further warrant and represent that I shall comply with all policies and obey all rules and regulations of SERENITY THERAPEUTIC EQUINE PROGRAM agents included those outlined herein.

WARNING. Under North Dakota law, an equine sponsor or equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

CAUTION: THIS IS A RELEASE! I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK BY CAREFULLY READING IT BEFORE SIGNING IT.

Applicant's Name

Applicant's Signature {Parent or legal guardian if under 18} Date

Witness

Serenity Therapeutic Equine Program. . . a STEP in the right direction



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Photo Release Form

I hereby irrevocably consent to authorize the use and reproduction by “Serenity Therapeutic Equine Program (STEP)”, or anyone authorized by you, of all photographs and/or videos, which have been taken of myself, negative or positive, without compensation to me.

Volunteer Name: _____

Volunteer Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

Parent/Guardian

Signature if minor: _____

Date: _____

Witness: _____

Property of:

“Serenity Therapeutic Equine Program”(STEP)

7580 16th ST SW

Minot, ND 58701

(701) 833-7911

Kristi@serenitytep.com

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