

Acres For Joy  
E3150 County Rd. HH  
Eleva, WI 54738  
(715) 225-2849  
[info@acresforjoy.org](mailto:info@acresforjoy.org)  
[www.acresforjoy.com](http://www.acresforjoy.com)



Pleasant Valley Youth Ranch  
E3150 County Rd. HH  
Eleva, WI 54738  
(715) 225-2849  
[info@pvyr.org](mailto:info@pvyr.org)  
[www.pvyr.org](http://www.pvyr.org)

## Liability Waiver

### Volunteer/Visitor Information and Release

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Email: \_\_\_\_\_

Relationship to the Ranch: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Title: \_\_\_\_\_

If student, name of school: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian (if under 19 years of age): \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about Pleasant Valley Youth Ranch, LLC?

\_\_\_\_\_

#### Photo Release - Please Check One:

☐ **I consent to** and authorize the use and reproduction of any and all photographs and other audio-visual materials taken of me for promotional material, educational activities, exhibitions or any other use for the benefit of the program.

☐ **I do not consent to** the use and reproduction of photographs and other audio-visual materials taken of me or my child for any purpose.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Parent or Guardian if participant is under 19 years of age.

## Liability Release

The above indicated participant would like to participate as a rider and or in the ranch program operated by Pleasant Valley Youth Ranch, LLC. I acknowledge the risks and potential for risks of horse-assisted activities, including a horseback riding program. However, I feel that the possible benefits to myself, my son/daughter/ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Pleasant Valley Youth Ranch, LLC, its volunteers and/or employees for any and all injuries and/or losses I/my son/daughter/ward may sustain while participating in this program. I further understand that Wisconsin law requires the following sentence to be printed on this waiver: **Under this Wisconsin statute, a person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in section 895.481(1)(e) of the Wisconsin Statutes.** I understand that helmets must be worn while riding a horse and that closed toe shoes must be worn when working around horses.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Parent or Guardian if participant is under 19 years of age.

## Confidentiality Policy:

I agree to keep any information that I obtain while on the premises of Pleasant Valley Youth Ranch, LLC confidential. I understand that no identifying information about any program participant shall be shared with anyone other than Pleasant Valley Youth Ranch, LLC staff members. Furthermore, I agree not to probe any parent or child for information regarding their diagnoses, special circumstances, disabilities, or other reasons for attending programs at Pleasant Valley Youth Ranch, LLC. I understand that doing any of these things could result in me being asked to leave the premises.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Parent or Guardian if participant is under 19 years of age.