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RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT
EQUINE THERAPY WITH MARRIAGE AND FAMILY THERAPY SERVICES, PLLC
AT WALK WITH ME, STILL WATERS FARM

I, _____ (print full name) understand that horses are by nature large and unpredictable animals. In addition, I recognize that handling and riding horses hold inherent risks including but not limited to grave bodily injury, head trauma and death. With full recognition of the risks, I agree to take full responsibility for my own safety or the safety of my child during participation in Equine Therapy with any therapists from Marriage and Family Therapy Services, and at all times while handling, grooming and otherwise working around horses or being at the farm, whether in the process of Equine therapy, before or after. I agree to wear riding shoes or boots with a minimum 1 inch heel and while mounted and/or jumping, a properly fitting ASTM/SEI approved helmet with a harness at all times while mounted and/or jumping. For rider's 18 and over, a helmet is required for general riding or jumping.

I hereby waive and release from all liability, Marriage and Family Therapy Services, PLLC, Amy Mann Coone, Aaron Horn, Liza Shaw, Still Waters Farm, LLC, Walk With Me, Inc. all of their relatives, associates and agents, for any and all possible damage to my person or personal property, illnesses, injuries or death that may occur during or as a result of the above stated activities. Still Waters Farm makes every effort to honor a client's privacy during therapy sessions, however I realize that while at the farm, confidentiality cannot be guaranteed, as others who may be visiting the farm could potentially see and recognize participants.

I have read, fully understand and agree to the North Carolina Equine Liability Law provided below, stating that I assume all risks for such equestrian activities _____. (Initials)

I hereby willingly sign this Release of Liability/Hold Harmless Agreement, having read it in its entirety and with complete understanding of; and agreement with its contents. I have been provided with ample time to read and fully understand the waiver before signing it and am under no pressure either direct or implied to sign this waiver or to participate in the above mentioned equestrian activities.

Name of participant (print): _____

Name of Parent/Guardian (print): _____

Address: _____

Phone: _____

Signature of Participant: _____

Parent/Guardian Signature & Date: _____

Signature of Minor Child and Age: _____

**** Signature of Parent or Legal Guardian is required for children under 18 years of age, NO EXCEPTIONS!**

North Carolina Equine Liability Law WARNING – UNDER NORTH CAROLINA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING EXCLUSIVELY FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

ARTICLE 99E OF THE NORTH CAROLINA GENERAL STATUTES