

# NEW PATHS

## HORSE SANCTUARY

### Liability and Waiver

**THIS IS A VISITOR AND VOLUNTEER RELEASE FORM AND A WAIVER OF LIABILITY. THIS IS A RELEASE OF LEGAL RIGHTS. PLEASE READ CAREFULLY.**

This form is required once and will remain in effect for one year from the date on which it was signed. You can print the completed form or download and email to [admin@newpathhorsesanctuary.org](mailto:admin@newpathhorsesanctuary.org)

Name: \_\_\_\_\_

Parent/Guardian (If above is under 18): \_\_\_\_\_

Address: \_\_\_\_\_

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

Contact phone: \_\_\_\_\_

(Parents/Guardians: children under 18 must also complete the Emergency form)

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

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

Time, Day, and Dates of Visit: \_\_\_\_\_

To the fullest extent permitted by law, I hereby release, waive, discharge and covenant not to sue New Paths Horse Sanctuary, its owners, individual officers, administrators, employees and agents acting officially or otherwise, as a result of visit to the location, including but not limited to liability for property damage or loss, or bodily. Personal or mental injury, including death.

Agree

Disagree

**I further agree to hold harmless and indemnify the owners against any liability arising from my own negligence or otherwise and from damages of any kind because of my participation in visiting the sanctuary.**

**Agree**

**Disagree**

**I acknowledge that it is my sole responsibility to carefully evaluate and acknowledge the risks involved in visiting the sanctuary including, without limitation, dangers posed by willful or negligent conduct by myself and others.**

**Agree**

**Disagree**

**I acknowledge and voluntarily assume full responsibility for and full risk of, property damage or loss, or bodily, mental, or personal injury, including death, relating to my participation in the visit to the sanctuary.**

**Agree**

**Disagree**

**Areas that are marked DO NOT ENTER are off-limits to all visitors. I understand that the propensity of any animal to behave in ways that may result in injury, harm, or death to persons on or around them and/or damage to personal property in their vicinity, the unpredictability of an animal's reaction to sounds, sudden movements and unfamiliar objects, persons, or other animals.**

**Agree**

**Disagree**

**I agree to accept full responsibility, financially and otherwise, for any damage my child may do to the property. ALL MINORS MUST BE ACCOMPANIED BY AN ADULT AT ALL TIMES.**

**Agree**

**Disagree**

**I acknowledge that the site visit and its activities have been explained to me, and all my questions have been addressed to my complete satisfaction. I am aware that I am entering an active large animal sanctuary with live animals that could bite, scratch, or attack, provoked or unprovoked, even with the owner's safety measures in place.**

**Agree**

**Disagree**

**By signing or typing my name below, I agree with New Paths Horse Sanctuary that if any portion of this document is held invalid, the remaining provisions shall be binding and continue in full force and effect. I HAVE READ THE VISITOR RELEASE FORM AND WAIVER OF LIABILITY CAREFULLY. I UNDERSTAND ITS SIGNIFICANCE AND VOLUNTARILY AGREE TO ALL OF THE ABOVE-MENTIONED TERMS.**

**Agree**

**Disagree**

**Visitor:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_