

Pastures of Hope

Liability Release Form

Please Read Carefully Before Signing –

I understand that under the Equine Activity Liability Act, each participant who engages in an equine (horse) activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from the risk of equine activities.

This release shall give notice to the participant, parent, or guardian the risks of engaging in equine activities, including (I) the propensity of equine to behave in dangerous ways that may result in injury to the participant, (II) the inability to predict an equine's reaction to sounds, movements, objects, persons, or animals, and (III) the hazards of surface or subsurface conditions. A release shall remain valid until expressly revoked in writing by a participant, or, if a minor, the parent, or guardian.

I consider these risks to be offset by the benefits that may be received by visiting/working with the horses at Pastures of Hope. These benefits may include, but are not limited to higher self-esteem, confidence, personal awareness, character development, leadership skills, problem solving skills, social skills, and respect. Activities with horses can be highly therapeutic, educational, and FUN!

I understand that participants must consult with Julie Tucker-Ponder about any prescription drugs being used or any health or physical condition that may need to be considered at least 24 hours prior to sessions. For safety reasons a participant may not actively participate in sessions if they are pregnant, under the influence of illegal drugs or alcohol.

Participants must wear long pants, closed toe and heel, hard soled shoes, remove any dangling jewelry, or any other loose items that may put the participant at risk. Please dress in layers for your comfort. There is an indoor facility, in case of inclement weather. Winter: please wear a coat, hat, and gloves. Summer: please wear sunscreen and insect repellent as needed for outside activities and bring a bottle of water. Please be mindful there are no restrooms at our location.

I understand that 24-hour notice of cancellation is required, or I will need to pay for my session in its entirety. I also understand that if I am late, the session must end as scheduled. I must contact Julie at Pastures of Hope directly by telephone to notify of cancellation, lateness, or any changes of schedule at 217-871-8055.

Initial here _____

I hereby release Julie Tucker-Ponder and Pastures of Hope, and volunteers who work with them from any responsibility or liability for injury, loss, damage to person or property, including malpractice, resulting from equine activities and/or visiting our facility.

Initial here _____

I have read and understand the provided information and agree with the terms in their entirety.

Participant (print)_____

Participant (signature)_____

Parent(s) or Guardian(s) (print)_____

Parent(s) or Guardian(s) (signature)_____

Parent(s) or Guardian(s) (print)_____

Parent(s) or Guardian(s) (signature)_____

Witness (print)_____

Witness (signature)_____

Date_____