

**Redemption Ranch
Waiver/Release of Liability Form
For Equine Volunteer & Equine Therapy Participants**



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Bakersfield, CA 93308
(661) 282-7448
info@redemptionranchca.org

Mailing Address:
P.O. Box 5012
Bakersfield, CA 93388
www.redemptionranchca.org

Participant Information (Please Print):

Name: _____ Age: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Name of Physician: _____ Phone: _____

I/We hereby agree to assume all responsibility and risk from the participation in equestrian & equine therapy activities at and under the direction of Redemption Ranch and further agree to hold all instructors, counselors, trainers, volunteers, and employees free from all damages or liability for any injury to person or property arising as a result of this participation.

Signature of participant: _____ Date: _____

Signature of parent/guardian (if minor): _____

The undersigned, or parent of minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said participant under the general and specific instructions of a physician or hospital. It is understood that this consent if given in advance of any specific diagnosis or treatment which may be required is given to encourage Redemption Ranch personnel, hospital staff, and physician to exercise their best judgement as to the requirements of said diagnosis or treatment. The undersigned shall pay all fees for doctors, hospital, ambulances and other medical charges reasonably and necessarily incurred.

Signature of participant: _____ Date: _____

Signature of parent/guardian (if minor): _____