



815 E. Warner Road, Suite 106  
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### **Hippotherapy Release of Liability and Indemnity Agreement**

I, [REDACTED], hereby acknowledge that I and/or my legal guardian on my behalf have voluntarily registered to participate in an activity of hippotherapy with Arizona Advanced Therapy.

I fully understand that the activity of hippotherapy, or even being near a horse, involves numerous dangers and risks of injury to me. I acknowledge that the assumption of all the risks involved in my responsibility and I completely release Arizona Advanced Therapy and its agents from all liability for any and all injuries caused by my participation in the general activity of hippotherapy. Please initial to show that you agree [REDACTED].

I fully understand that an animal (horse) irrespective of its training and usual past behavior and characteristics, may act or react unpredictably based on instinct or fright, and that even the gentlest horse, when provoked or frightened, may rear buck, run away or otherwise act in an unpredictable and dangerous manner. In addition, weather such as wind, thunder, hail, lightening, or snow sliding off of the roof, may cause a horse to rear, buck, run away or otherwise act in an unpredictable and dangerous manner. Having understood these dangers, I fully assume all of the risks involved and completely release Arizona Advanced Therapy, LLC and its agents from liability for any and all injuries to me from the general activity of horseback riding. Please initial to show that you agree [REDACTED].

I fully understand that riding on any type of terrain can be dangerous to my horse and me and that this danger increases when riding a horse fast, such as a canter (lope) or at a gallop. Under these conditions, or even while riding at a slower pace, my horse may stumble, be thrown off balance, get caught in a hole or rut, fall, or otherwise be dangerous to me. I also fully understand that I may, at any time, lose control of and/or fall off my horse, or have a collision. I fully assume the responsibility for all of these dangers and risks, and completely release Arizona Advanced Therapy and its agents from all liability for any and all injuries to me from the dangers and risks as stated above. Please initial to show that you agree [REDACTED].

I fully understand that animals (horses) and conditions are unpredictable and that the risk of injury or death is inherent to the activity of hippotherapy and/or being around horses. I fully assume the responsibility for the risk of injury or death caused by my contact with horse and hippotherapy. I completely release Arizona Advanced Therapy and its agents from any and all liability for any and all injuries or death to me caused by my contact with horses and/or hippotherapy. Please initial to show that you agree [REDACTED].



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**Hippotherapy Release of Liability and Indemnity Agreement (continued)**

Neither Arizona Advanced Therapy nor any of its officers, instructors, volunteers, participants, employees, agents, or owners of the property where Arizona Advanced Therapy events are conducted shall be held liable for any claims, demands, injuries, or damages, arising out of or in connection with my participation in any Arizona Advanced Therapy event.

I further acknowledge that I will not hold Arizona Advanced Therapy, its officers, instructors, volunteers, participants, employees, agents, or owners of the property, where Arizona Advanced Therapy events are conducted, liable, or responsible for any injury sustained by me while participating in activities at sites where horse therapy classes and related events may be held. I ride and/or participate at my own risk, and agree to take all necessary precautions to prevent all accidents. These precautions include, but are not limited to, the wearing of protective headgear.

I hereby release Arizona Advanced Therapy, its officers, instructors, volunteers, participants, employees, agents, or owners of the property, where lessons, horse shows or other Arizona Advanced Therapy events occur, from all liability for property damage and personal injury to me, I assume the risk of injury which I may sustain arising from approaching, handling, or riding a horse in connection with Arizona Advanced Therapy activities.

Please initial to show that you agree .

I have carefully read this agreement and fully understand its contents. I am aware that I am releasing certain legal rights that I otherwise may have and I enter into this release of liability and indemnity agreement on behalf of myself of my own free will. Please initial to show that you agree .

**THIS IS A RELEASE OF LIABILITY. DO NOT SIGN OR INITIAL THE RELEASE IF YOU DO NOT UNDERSTAND AND/OR AGREE WITH ITS TERMS.**

Participants under 18 years of age requires the signature of a parent or legal guardian.

Signature of Participant

Signature of Parent or Legal Guardian

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

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

Telephone #: \_\_\_\_\_

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