

Whispers of Hope Horse Farm

Enriching the lives of mentally and physically challenged individuals through equine therapy
3549 Parkhill Road Wichita Falls, Texas 940-696-8044 www.whispersofhopehf.org

Liability Release Form for Tours, Events, and Field Trips

Event Name: _____

Date of Event: _____

Estimated # of Participants: _____ Youth _____ Adult _____

Legally Responsible Person: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Number to Reach: _____ Fax #: _____

**Legally Responsible Person Please Read the Liability Release and Sign the Back of the Form
(Legally Responsible Person for a child is the Parent/Guardian)**

Liability Release:

I would like to participate for an event at Whispers of Hope Horse Farms. I acknowledge the risks and potential risks of horseback riding. However, I feel that the possible benefits to me or my child/ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs, and assigns, executors or administrators, waive and release forever all claims for damages against Whispers of Hope, its Board of Directors, Therapist, Aides, Volunteers, and/or Employees for any and all injuries and/or losses I/my child/ward may sustain while participating in Whispers of Hope Horse Farm Programs.

Warning – Under Texas Law (Chapter 87 Civil Practice and Remedies Code), an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

SIGNITURES REQUIRED ON BACK

**All who ride must have parent/guardian's signature.
(No signature indicates non-consent.)**

	My Name/Childs Name (Print)	My Signature or Parent/Guardian's signature	Phone Number
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