

Whispers of Hope



Horse Farm

*A Non-Profit Therapeutic Riding Facility for the
Mentally and Physically Challenged Youth of the Wichita Falls District*

COMMUNITY SERVICE FORM

Total hrs needed: _____

Must complete by: _____

Date

Need service hours for: (place x or complete below)

_____ *Teen Court*
900 Seventh Street
Wichita Falls, TX 76301

(or) _____

Name: _____ age: _____ (if under 18)

Address: _____ home phone #: _____

City, state, zip _____ School _____

Parent's name _____ other number _____

Why did you choose WOHHF? _____

Community Service participant

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I, _____, hereby intending to be legally bound for myself, my
listed above, or parent of participant (please print)
heirs, and assigns, executors, or administrators, waive and release forever all claims for damages against
Whispers of Hope Horse Farms, its Board of Directors, Officers, Agents, Instructors, Therapists, Aides,
Volunteers, Employees and Owners of horses on Whispers of Hope property for any and all injuries,
illnesses and/or losses sustained by myself or my horse. I agree to indemnify Whispers of Hope for any
and all claims arising directly or indirectly out of my use of Whispers of Hope facilities.

(signature if over 18) or Parent of person doing service

Date

*****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 INHERENT RISKS OF EQUINE ACTIVITIES.**