

Date _____

Liability Release Form For:

Group: _____ Date: _____
Address: _____ City: _____ State: _____
Zip Code: _____ E-mail: _____
Person in Charge: _____ Cell Phone: _____
Ethnic Background (Optional)

- | | |
|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> White, Anglo, Caucasian | <input type="checkbox"/> Multiracial (please specify) _____ |
| <input type="checkbox"/> Black/African-American | <input type="checkbox"/> Hispanic/Latino |

I wish to participate or have my child or ward participate in the Whispers of Hope Horse Farm Program and I hereby acknowledge that I have legal authority to enroll said person in this program. I acknowledge the risks and possible risks of horseback riding, however, I feel that the potential benefits to myself, my child or my ward are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs, assigns, executors, or administrators, waive and release forever all claims for damages against Whispers of Hope Horse Farm, its Board of Directors, Officers, Agents, Instructors, Therapists, Aides, Volunteers, Employees and Owners of horses for any and all injuries, illnesses, and/or losses sustained by myself, my son, my daughter, my ward or my horse, while participating in a Whispers of Hope Horse Farm Program on site or away. I agree to indemnify Whispers of Hope Horse Farm for any and all claims arising directly or indirectly out of my use of Whispers of Hope Horse Farm horses, equipment or facilities.

Photo Release:

I hereby authorize the use and reproduction by Whispers of Hope Horse Farm of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities or for any other use for the benefit of the program, with the understanding that discretion will be used at all times.

*****WARNING*****

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE

PROFESSIONAL IS TO OR THE DEATH OF A EQUINE ACTIVITIES RESULTING RISKS OF EQUINE ACTIVITIES.

NOT LIABLE FOR AN INJURY PARTICIPANT IN FROM INHERENT

Please sign the reverse side to acknowledge your participation.