

Charlotte Dougherty–Executive Director of SpiritHorse Therapeutic Riding Center of the San Francisco Bay Area, DBA SpiritHorse Equine Assisted Services Center, Mailing Address PO Box 5367, Vallejo, CA 94591

AN AGREEMENT AND RELEASE FROM LIABILITY CONTRACT - Liability Release/Rider Release Form:

(Participant, Visitor, Volunteer): _____ (DOB) _____

(Family Member) _____ (DOB) _____

(Family Member) _____ (DOB) _____

Address: _____ City: _____ State _____

Parent/Rider Email: _____ Cell: _____

Parent/Guardian/Conservator (if applicable): _____

Name of Employer: _____

IMPORTANT – READ CAREFULLY BEFORE SIGNING.

By signing this Agreement, you acknowledge that you fully understand and voluntarily accept the risks inherent in equine activities and agree to release against SpiritHorse Therapeutic Riding Center of the San Francisco Bay Area, DBA SpiritHorse Equine Assisted Services Center, City of American Canyon’s and its representatives from liability as set forth below.

I acknowledge the risks, potential for risks & danger of horseback riding and activities in and around a facility where horses are kept and farm machinery operated. However, I feel that the possible benefits to me/my son/my daughter/my ward are more significant than the risk assumed. Intending legally to bind myself, my heirs, and assigns, executors, or administrators, I hereby waive and release forever all claims for loss or damages of any kind against SpiritHorse Therapeutic Riding Center of the San Francisco Bay Area, DBA SpiritHorse Equine Assisted Services Center its Board of Directors, Instructors, Therapists, Aides, Volunteers, Employees, for any injuries and losses that I/my son/my daughter/my ward may sustain while participating in the riding program. Knowing the risks, I voluntarily engage in activities at SpiritHorse Therapeutic Riding Center of the San Francisco Bay Area DBA SpiritHorse Equine Assisted Services Center. I assume all risks of injury, death, and property damage may result.

(Initial) _____

I, the undersigned, in consideration for me or my minor children being permitted by SpiritHorse to participate in activities on City of American Canyon property leased by SpiritHorse, hereby waive, release, and discharge any claims for damages to the City of American Canyon due to personal injury, death, or property damage which result from participation. I, the undersigned, hereby agree to indemnify and hold harmless any loss, liability, damage, cost, or expense of any of the City of American Canyon’s officers, employees, and agents arising out of mine or my minor child’s participation in the indicated activities,

even though that liability may arise out of negligence or carelessness. It is understood that this waiver, release, and assumption of risk will be binding on my heirs and assigns.

(Initial) _____

I acknowledge and accept that equine activities carry inherent risks, including but not limited to:

1. **The propensity of equines to behave in unpredictable ways, such as bucking, biting, kicking, shying, rearing, falling, or stepping on individuals.**
2. **Risks associated with the handling, riding, or proximity to equines, including injuries caused by equipment failure or environmental factors.**
3. **Hazards such as uneven terrain, weather changes, and interactions with other animals.**
4. **The possibility of serious injury, illness, or death from equine-related action.**

(Initial) _____

Emergency Medical Care: I understand and agree that I am responsible for any medical costs incurred due to an injury sustained on the property to me or my family during activities at SpiritHorse.

(Initial) _____

Confidentiality Agreement:

I understand that all information (written and verbal) about participants at this center is confidential and is not to be shared with anyone without the expressed written consent of the participant, and their parent/guardian in the case of a minor.

(Initial) _____

Photo and Video Release:

The use and reproduction by SpiritHorse Therapeutic Riding Center of the San Francisco Bay Area or any other audio/visual materials taken of me/my son/my daughter/my ward for distribution to the public for promotional printed materials, educational activities, or any other use for the benefit of the program.

(Initial) _____ I consent to and authorize Photo and Video Use

(Initial) _____ I do not consent to nor do I authorize Photo and Video Use

*Please **NOTIFY** the Director/Instructor so we can identify your child with a colored badge.*

I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN SPIRITHORSE, THE CITY OF AMERICAN CANYON AND ME. I HAVE CAREFULLY READ THE ABOVE AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND AND AGREE TO ITS CONTENTS

(Initial) _____

Date: _____ **Signature:** _____

Parent/Guardian Signature (if under 18): _____ **Date:** _____