

RELEASE: ALL VISITORS AND PARTICIPANTS (OR PARENT OR GUARDIAN IF UNDER 21) MUST SIGN THIS RELEASE, WAIVING LEGAL RIGHTS AGAINST ALL RIDERS UP AND ARTHUR AND MARCIA LAVER. IF YOU DO NOT SIGN A RELEASE YOU WILL NOT BE PERMITTED ON THE PROPERTY.

WAIVER AND RELEASE

I, _____, a visitor to or participant in the **All Riders Up** equine assistance program (the "Program") or the parent or legal guardian of a visitor or participant in the Program, am aware that all activities involving horses, including but not limited to riding, driving, grooming, leading, and/or any events involving horses, pose many inherent dangers, risks, and hazards. These include but are not limited to bodily injury and physical harm to riders, instructors, therapists, aides, groomers, leaders, handlers, side walkers, photographers, spectators and/or any other helpers. I freely and fully assume all dangers, risks, and hazards and the possibility of injury, death, property damage or other loss resulting from such dangers, risks, and hazards. I understand that I or my child or ward should not participate in the Program or visit the property unless medically able. I agree to comply with Program rules and regulations, directions, instructions, and/or safety precautions given by Program employees, instructors, therapists, aides, and volunteers. My or my child's or ward's participation in the Program or visit to the property is upon the express agreement and understanding that I have received, read, and understand this Waiver and Release.

In consideration of my or my child or ward's participation in the Program or visit to the property, I hereby, for myself and any participant for whom I am a parent or legal guardian, release, discharge, hold harmless, and forever acquit **All Riders Up**, together with its officers, directors, agents, representatives, employees, instructors, therapists, aides, and volunteers and **Arthur and Marcia Laver**, in their individual capacities, from any and all actions, causes of action, losses, claims, or any liabilities whatsoever, including but not limited to illness or injury, known or unknown, now existing or which may arise in the future, which may accrue to me, my heirs, my guardians, administrators, executors, or assignees, including attorneys fees and court costs, on account of or in any way related to or arising out of my or my child or ward's participation in the Program or visit to the property. Finally, I assume all liability of any non-participants who accompany me.

I also grant my permission for a doctor, nurse, or other licensed health care professional to take remedial action in case of an emergency, and I assume all expenses in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses. I have had the opportunity to ask any questions that I may have and such questions have been answered to my satisfaction. I have read, understood, and agree to the above. I understand and confirm that by signing this Waiver and Release that I have given up considerable future legal rights. My signature is proof of my intention to execute a complete and unconditional Waiver and Release of all liability to the full extent of the law.

Visitor's/Participant's Name (please print): _____

Visitor's/Participant's Signature: _____

AGREEMENT AND CONSENT OF PARENT OR GUARDIAN OF MINOR

I, as the parent or guardian of the above visitor or participant, give my permission for my child or ward to participate in the Program or visit the property, and further, in consideration of allowing my child or ward to participate in the Program or visit the property, I agree individually and on behalf of my child or ward to the terms of the above Waiver and Release.

Parent/ Guardian's Name (please print): _____

Parent/ Guardian's Signature: _____ **Date:** _____