

**EQUINE RELEASE AND WAIVER OF LIABILITY ASSUMPTION OF RISK,
AND INDEMNITY AGREEMENT FOR CASA VENTOSA RESCUE, INC.**

Name: _____

Address: _____

Telephone: _____

READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES THAT YOU UNDERSTAND IT AND AGREE ON ITS TERMS. BY SIGNING THIS AGREEMENT, YOU, YOUR CHILD, OR ANY OF YOUR REPRESENTATIVES/ASSOCIATES ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR RECOVER DAMAGES IN CASE OF INJURY, DEATH OR PROPERTY DAMAGES, FOR ANY REASON, INCLUDING BUT NOT LIMITED TO, THE NEGLIGENCE OF CASA VENTOSA RESCUE INC., AND/OR ITS BOARD, DIRECTORS, OWNER(S), EMPLOYEE(S) AND AGENT(S) (“THE RELEASEES”).

I hereby enter into this agreement in consideration of my ability/permission to ride or use, or be in the presence or performance of any equine related activities to include, but not limited to clinics, volunteer work, lifting, mucking, operation of machinery, watering, feeding, or any other work or use of ANY horse owned by “The Releasees” who reside at 3020 Iron Mountain Road, Cheyenne, Wy 82009.

IMPORTANT NOTICE

BY SIGNING THIS AGREEMENT YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF YOUR RIDING OR USE OF THE RELEASEES HORSE(S) AND/OR PARTICIPATION OF ANY OF THE OUTLINED ACTIVITIES INCLUDING INJURY, DEATH OR PROPERTY DAMAGE.

BY READING AND SIGNING THIS AGREEMENT, YOU INDICATE THAT YOU UNDERSTAND OF AND AGREEMENT TO ITS TERMS.

By signing this form, I, the undersigned, hereby acknowledge on behalf of myself that I have familiarized myself with the activities that I will be allowed to participate in, and that I do hereby acknowledge and agree that I will participate in these activities without restriction or limitation. I recognize the inherent risks involved with riding and working around horses, including but not limited to:

- Bites, kicks, abrasions or contusions from horses.
- Being thrown or bucked off by horses.
- Scratches or other injuries from stalls or enclosures,

- Scratches or other injury from grooming tools and other equine equipment,
- Allergic reactions to animals, hay or other allergens,
- Tripping in holes or on materials or equipment,
- Being stepped on by a horse.
- Slipping, falling or otherwise being injured in the barn, in stalls, or on the grounds, which can be slippery, muddy, wet, or contain or present other hazards,
- Any and all injuries, reactions, or liabilities in any physical, mental, or psychological way that are related to “The Releasees” and their animals, property, equipment, etc.

I hereby, forever waive and release “The Releasees” and its principals and agents from any liability for injury arising out of the inherent risks from riding, working or participating in a stable environment with or without horses present, as well as from the active negligence of “The Releasees” its principals and agents.

By signing this agreement, I hereby acknowledge that although there may be supervision during my time spent at “The Releasees” there will be no nurse on the premises and “The Releasees” and its principals and agents bear no responsibility for any health or medical care.

I agree to indemnify, save, and hold harmless “The Releasees” and its principals and agents from and against any loss, liability, damages, attorney’s fees, or costs that they may incur arising out of or in any way connected with either my presence or the participation at “The Releasees” or any acts or omissions of “The Releasees” or principal agents.

By signing this agreement, I hereby acknowledge my complete understanding, agreement and consent to my presence and/or participation in the activities “The Releasees” without restriction, without liability to “The Releasees” its principals, and agents, and with full knowledge and understanding of the disclosures, waivers, and releases herein.

If I am present at, and participate in the activities at “The Releasees” I do so at my own risk, and I hereby acknowledge and agree that “The Releasees” and/or any of its principals and agents shall bear no responsibility or risk associated with injuries that could arise from my presence or participation at “The Releasees”.

Signature: _____ Date: _____

Printed Name: _____

If signing for minor (name of minor): _____

Address: _____

Phone: _____

Name/Phone of Person to Call in Emergency: _____

Permission to Use Photographs/Images for CASA VENTOSA RESCUE, INC.

CASA VENTOSA RESCUE, INC., and its representatives, agents, volunteers, board, directors reserve the right to take photographs of me on the property while interacting with CASA VENTOSA RESCUE, INC., and its animals, property, agents, representatives and volunteers. I authorize CASA VENTOSA RESCUE, INC., its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that CASA VENTOSA RESCUE, INC. may use such photographs or me with or without my name and for any lawful purpose, including, for example, such purposes as publically, illustration, advertising, web content, and social media.

I have read and understand the above:

Signature: _____

Printed Name: _____

Organization Name (if applicable): _____

Address: _____

Date: _____

Signature, parent or guardian (if under 18): _____