

Horse Feathers Therapeutic Learning Center
9214 State Road 62
Dillsboro, IN 47018

Email: hftlc.org@gmail.com

WAIVER AND RELEASE OF LIABILITY

Student/Camper

Volunteer

Instructor

Name of Student (please
print) _____

I acknowledge that horseback riding or activities involving horses is an extreme test of a person's physical and mental limits and carries with it the potential for serious injury, personal property loss or even death. Horses are large animals and even the quietest and calm horse can be unpredictable, I hereby assume the risk of participating in such activities.

- I hereby take the following action for myself and my executors, administrators, heirs, next of kin, successors and assigns:
- I waive the release and discharge from any and all claims or liabilities for death, personal injury or damage of any kinds, which acts arise out of or relate to my participation in, or my traveling to and from the horseback riding events and following persons or entities: **Horse Feathers Therapeutic Learning Center** building or facility lessees, sponsors and the officers, directors, employees, representatives, instructors and agents of the above.
- I agree not to sue of the persons or entities mentioned above for any claims made or liabilities assessed against them as results of my actions and any attorney fees or cost incurred by them as a result of my actions

By signing this form, I affirm that I am eighteen (18) years of age or older, I have read this document and I understand its contents.

Signature of Student (Parent/Guardian if minor)

Date

Horse Feathers Therapeutic Learning Center

Acknowledgement of Risk and Assumption of Personal Responsibility

Camper Name: Last _____ First _____ Middle _____

Horse Feathers Therapeutic Learning Center staff members make every effort to conduct safe programs, to orient and support children, and to inform families of inherent risks. Some activities may involve risks that children do not routinely encounter at home. Risk management is an essential element of all the activities offered. While we anticipate that these efforts will ensure the wellbeing of each child, we are also aware that it is neither possible to foresee every contingency nor to eliminate all risk.

I understand that program activities may include, but are not limited to: hiking on uneven terrain, playing active games, participating in activities near water, and other activities such as cooking, making candles, and being near program animals. Other risks may be inherent in program activities.

I acknowledge that such risks exist, and I hereby agree on behalf of my child to assume such risks.

Further, on behalf of my child, I hereby release and forever discharge, and agree not to sue, and agree to indemnify and hold harmless Horse Feathers Therapeutic Learning Center, and its officers, directors, employees, and volunteers and each of them, from and against any and all liabilities and obligations of every kind and description, which I shall or may have against them or any one or more of them arising out of, or in connection with, my child's participation in the Horse Feathers Therapeutic Learning Center program and activities, including, but not limited to, for any personal injury that my child may suffer while participating in the Horse Feathers Therapeutic Learning Center program and activities, excepting in the case of gross negligence.

I understand and agree on behalf of my child that my child shares the responsibility for safety during Horse Feathers Therapeutic Learning Center programs and activities, and I personally assume on behalf of my child that responsibility.

I understand and certify that my child's participation in the Horse Feathers Therapeutic Learning Center program and its activities is completely voluntary, and that I have become familiar with the program activities in which my child may participate.

Signature of Custodial Parent/Guardian: _____ Date: _____

Print Name: _____ Relationship to camper: _____