



## WAIVER AND RELEASE OF LIABILITY

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY,  
AND INDICATE YOUR UNDERSTANDING, AGREEMENT, AND  
ASSENT BY SIGNING AS INDICATED BELOW.

**I / We**, the undersigned, understand that equine activities are inherently dangerous and that this danger or condition is an integral part of an equine activity. The inherent risk presented by equine activities includes, but is not limited to, any of the following: (a) The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine; (b) The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals; (c) Hazards, including, but not limited to, surface or subsurface conditions; (d) A collision with another equine, another animal, a person, or an object; (e) The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant

I understand that riding instruction requires that the instructor give direction in the form of "commands", and while due deference should be given to such commands, I realize that all my activities are voluntary, and I should use my own judgement in choosing whether to comply with any suggested act. The instructor is entitled to my attentiveness and good faith efforts to cooperate, but does not expect or require absolute obedience, especially if such compliance might cause injury or harm to myself, my horse, or any person, animal or property.

I understand that horseback riding and training is a rigorous activity, requiring both physical fitness and mental alertness at all times. I certify that I am in good health and free from injury, illness, or other defect, which might impair my ability to engage in this activity.

I expressly and voluntarily assume all risks attendant to horseback riding and related activities, including but not limited to those discussed in the above paragraphs. I do hereby fully and forever release, discharge, and hold harmless Fassett Farm and the Equestrian Therapy Program, as well as other students and the assigns of the same, from any and all claims which I or my assigns may assert as a result of physical injury to me, or loss of damage to property, incurred while a participant is using, handling, or riding a horse while at Fassett Farm as a visitor, whether a program horse or my own horse.

My signature on this form constitutes my understanding and agreement to all the statements above and gives Fassett Farm and the Equestrian Therapy Program and their assigns my total and unconditional release from any and all claims of liability or damage. This Waiver and Release shall remain valid until revoked in writing.

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DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
SIGNATURE OF SECOND PARENT

PARTICIPANTS UNDER AGE EIGHTEEN (18) MUST HAVE THIS FORM SIGNED EITHER BY BOTH NATURAL PARENTS, OR BY THE SOLE PARENT HAVING LEGAL CUSTODY, OR BY THE PARTICIPANT'S LEGAL GUARDIAN.