

Name of Organization: _____ Date: _____

**READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT.
YOUR SIGNATURE INDICATES YOUR UNDERSTANDING OF AND IN AGREEMENT TO ITS TERMS.**

Equine-Agritourism Release From Liability:

I, the undersigned, hereby enter into this agreement in consideration of my ability and permission to enter the property and/or ride/handle/participate in equine therapy with horses and other farm animals owned by or boarded at The Lucky Horse Sanctuary and owned by Dr. Blair Barone.

IMPORTANT NOTICE

BY SIGNING THIS AGREEMENT, I KNOW THAT I AM GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF RIDING/THERAPY OR USE OF SAID HORSE/ HORSES OR FARM ANIMALS. PARTICIPATION IN EQUINE ACTIVITIES AT THE LUCKY HORSE SANCTUARY INCLUDING BUT NOT LIMITED TO INJURY, DEATH, OR PROPERTY DAMAGE ARISING OUT OF THE NEGLIGENCE ETC.

By signing this form, I 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 in riding and working with horses and other farm animals, including but not limited to:

- Bites, kicks, abrasions or contusions from horses.
- Being thrown or bucked off by horses.
- Scratches or other injury from stalls or enclosures.
- Scratches or other injury from grooming tools and other equine equipment and tack.
- Allergic reactions to animals, hay, or other allergens.
- Tripping in holes or on materials or equipment.
- Being bitten, kicked, rammed by farm animals including horses, chickens, goats, pig, dog, cats, sheep or other farm animals.
- Slipping, falling, or otherwise being injured in the barn, stalls, on the grounds, which can be slippery, muddy, wet, or contain other hazards.

I hereby specifically forever waive and release The Lucky Horse Sanctuary, The Therapeutic Farm, Dr. Blair Barone, and its principals and agents from any liability for injury arising out of the inherent risks from riding, therapeutic activities, working or participating in a stable environment and/or with horses or other farm animals and dog. By signing this agreement, I hereby acknowledge that although there may be supervision during my time spent at The Lucky Horse Sanctuary, its principals and agents bear no responsibility for my health or medical care.

I agree to indemnify, save and hold harmless Dr. Blair Barone, The Therapeutic Farm, and The Lucky Horse Sanctuary, and their principals, employees, volunteers, servants, neighbors, and agents from and against any loss, liability, damage, attorneys' fees, or costs that they may incur arising out of or in any way connected with either my presence or participation or any acts or omissions while at said farm. By signing this Agreement, I hereby acknowledge my complete understanding, agreement and consent to my presence and/or participation in the activities at The Lucky Horse Sanctuary, its principals or agents, and with full knowledge and understanding of the disclosures, waivers, and releases herein.

Participant Name (Printed): _____

Parent (If under 18 years)/ Participant (If 18 or older) Signature: _____

Additional siblings/participants:

Participant Name (Printed): _____

Parent (If under 18 years)/ Participant (If 18 or older) Signature: _____

Participant Name (Printed): _____

Parent (If under 18 years)/ Participant (If 18 or older) Signature: _____

Participant Name (Printed): _____

Parent (If under 18 years)/ Participant (If 18 or older) Signature: _____