



FREEDOM HOOVES THERAPEUTIC RIDING CENTER

Liability Release

As a volunteer/client/staff/student/board member at Freedom Hooves Therapeutic Riding Center I acknowledge the risks of a horseback riding program. However, I feel the possible benefits to myself and the participants I work with are greater than the risk assumed.

I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Freedom Hooves Therapeutic Riding Center, its' Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I may sustain while participating in Freedom Hooves Therapeutic Riding Center program.

WARNING:

Under Kansas law, there is no liability for an injury to or the death of a participant in domestic animal activities resulting from the inherent risks of domestic animal activities, pursuant to K.S.A. 60-4001 through 60-4004. You are assuming the risk of participant in this domestic animal activity.

If client/volunteer is under 18 years of age, Parent/guardian must sign.

Name: (Please Print Clearly) _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Parent/Guardian – if minor or legal guardian

D&J RANCH
RELEASE OF LIABILITY

KNOWING THAT RISK IS ALWAYS ATTACHED TO HORSEBACK RIDING AND IN CONSIDERATION OF THE SERVICES RECEIVED AND BEING DESIROUS OF RECEIVING INSTRUCTION ON THE RIDING OF HORSES BY

_____ (INSTRUCTOR). I _____ (PARENT/GUARDIAN) OF

I DO HEREBY RELEASE AND DISCHARGE SAID INSTRUCTOR & THE D & J RANCH (DANE AND JENNIFER WADLEY) OF ANY AND ALL LIABILITY ARISING FROM THE RIDING AND/OR HANDLING OF HORSES UPON THE PREMISES KNOWN AS THE D & J RANCH, INCLUDING BUT NOT LIMITED TO LESSONS AND/OR DEFECTS IN RIDING EQUIPMENT (I.E. SADDLES, BRIDLES, ETC...).

I AGREE TO HOLD SAID INSTRUCTOR & THE D & J RANCH HARMLESS FROM ANY AND ALL CLAIMS AND LIABILITY THAT MAY BE MADE BY MYSELF OR ANYONE ON MY BEHALF INCLUDING COSTS AND REASONABLE ATTORNEY FEES.

THIS RELEASE IS BINDING UPON MY HEIRS AND ASSIGNS. _____

DATE __/__/__



P.O. Box 782622 Wichita, KS 67278

Phone: 316-733-8943

PHOTO RELEASE

☐ **I DO** ☐ **I DO NOT**

Consent to and authorize the use and reproduction by FREEDOM HOOVES THERAPEUTIC RIDING CENTER of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or any other use for the benefit of the program.

Signature: Student (if over 18): _____

Signature: Parent or Legal Guardian: _____

Date: _____