



Circle P Sanctuary, Inc.

RELEASE OF LIABILITY VISITORS/VOLUNTEERS OF CIRCLE P RANCH, LLC AND/OR CIRCLE P SANCTUARY, INC.

Please read the following requests and initial at the designated spaces. If the Participant is a minor, a parent or guardian must initial each item as well as the Participant.

1. Inherent Risks and Assumptions of Risk. The undersigned acknowledges there are inherent risks associated with participating with equine activities such as described below and hereby expressly assume all risks associated with participating in such activities. The inherent risks include, but are not limited to the propensity of equines to behave in ways such as running, bucking, biting, kicking, shying, stumbling, rearing, falling or stepping on, that may result in an injury, harm or death to persons on or around them; the unpredictability of equine's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons or other animals; certain hazards such as surface and subsurface conditions; collisions with other animals; the limited availability of emergency medical care; and the potential of a participant to act in a negligent manner that may contribute to injury to the participant's or others, such as failing to maintain control over the animal or not acting within such participant's ability.

Initials _____

2. Participant will wear appropriate clothing (including closed toe shoes, protective headwear, etc.) for the activities participating in.

Initials _____

3. In addition to the inherent risks of any animals on the property, there is also risk of injury on the terrain, equipment, electric fencing, ponds, etc. The Participant will remain in authorized areas only.

Initials _____

4. If Participant is not adhering to the safety rules, and is creating an unsafe environment either for themselves, the animals or others, the Participant will be asked to leave the premises.

Initials _____

Please print the name, address and phone number of the Participant:

NAME _____

ADDRESS _____

PHONE _____

EMERGENCYCONTACT _____

SIGNATURE _____

PARENT/GUARDIAN _____

DATE _____ SCHOOL _____