



Image of Hope Ranch

Office Use:

Number of Visitors:

Date of Visit:

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK,
AND INDEMNITY AGREEMENT**

Persons Visiting Please Print First & Last Name

1)	4)
2)	5)
3)	6)

Address:

Telephone:

Email:

I (we) hereby knowingly and voluntarily enter into this Release, Waiver and Agreement in consideration of the individual participating in Image of Hope Ranch’s programs or on the property of 5499 County Road 31, Auburn, IN ability and permission to ride OR any type of use of Horse(s) AND/OR participation in any activities while at Image of Hope Ranch Inc.

IMPORTANT NOTICE BY SIGNING THIS AGREEMENT YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF YOUR RIDING OR USE OF ANY HORSE AND/OR PARTICIPATION IN EQUINE ACTIVITIES WHILE AT IMAGE OF HOPE HORSE RANCH INC, INCLUDING INJURY, DEATH, OR PROPERTY DAMAGE ARISING OUT OF THE NEGLIGENCE OF YOU OR IMAGE OF HOPE HORSE RANCH INC. **READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT.** YOUR SIGNATURE INDICATES YOUR UNDERSTANDING OF AND AGREEMENT TO ITS TERMS.

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 including but not limited to: Bites, kicks, abrasions or contusions from horses. Being thrown or bucked off by horses. 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. Slipping, falling, or otherwise being injured in the barn, in stalls, or on the grounds, which can be slippery, muddy, wet, or contain or present other hazards. I acknowledge that this is not a complete list of all possible risks associated with the use of the facilities, and I agree that said list in no way limits the extent or reach of this Release. I hereby specifically forever release Image of Hope Horse Ranch Inc., and its property owners, board of directors, members, volunteers, instructors, mentors, associates and agents from any liability for injury arising out of the inherent risks from riding, working or participating in a stable environment and/or with horses, as well as from the active negligence of Image of Hope Horse Ranch Inc., and its property owners, board of directors, members, volunteers, mentors, instructors, associates and agents, and I hereby waive any and all claims against them that may potentially arise from my participation. I voluntarily assume all such risks with full knowledge and

appreciation of the danger and risk involved. This Release shall be effective even though said loss, damage or injury results or has resulted from the negligence, wrongful acts, omissions, breach of warranty or strict tort liability of Image of Hope Horse Ranch Inc. and its property owners, board of directors, members, trainers, instructors, associates, and agents. By signing this agreement I hereby acknowledge that while there may be supervision during my time spent at Image of Hope Horse Ranch Inc., there will not be professional medical care (e.g. nurses, paramedics, therapists or other medical professionals) on the premises and Image of Hope Ranch Inc. and its property owners, board of directors, members, volunteers, instructors, mentors, associates and agents bear no responsibility for my health or medical care.

I agree to indemnify, save and hold harmless Image of Hope Horse Ranch Inc., and its property owners, board of directors, members, trainers, instructors, associates 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 at Image of Hope Horse Ranch Inc. or any acts or omissions of Image of Hope Horse Ranch Inc. and its property owners, board of directors, members, volunteers, instructors, mentors, associates and agents.

If I am present at and participate in the activities of Image of Hope Horse Ranch Inc., I do so at my own risk, and I hereby acknowledge and agree that Image of Hope Horse Ranch Inc., its property owners, board of directors, members, volunteers, mentors, instructors, associates and agents shall bear no responsibility or risk associated with injuries that could arise from my presence or participation at Image of Hope Horse Ranch Inc.

By signing this document, I hereby acknowledge my complete understanding, agreement, and consent to my presence and/or participation in the activities at Image of Hope Horse Ranch Inc., without restriction, without liability to Image of Hope Horse Ranch Inc. and its property owners, board of directors, members, volunteers, instructors, mentors, associates and agents, and with full knowledge and understanding of the disclosures, waivers, and releases herein.

This Release shall be effective and binding upon me and upon my assigns, heirs, representatives, executors, and administrators.

PHOTO RELEASE I/WE RELEASE: all rights to photos taken of me for future use by Image of Hope Ranch, Inc. and/ its founders, leaders, staff and/or Board of Directors in ranch publications, videos, books newsletters, etc.

Circle: YES, okay to take photo **OR** NO, do NOT take photo

Signature _____ **Date:** _____

Parent or *Legal Guardian Signature Required for anyone under the age of 18

*Legal guardians do not include babysitters or friends of the family, unless that individual has been named guardian by a legal process, signed notes are not considered "legal".

IHR Staff Initial ____
IHR Staff Initial ____