

LIABILITY RELEASE FOR SHERLOCK FARMS THERAPEUTIC HORSEMANSHIP

I, _____, the undersigned adult as volunteer, or parent or guardian of

_____, a minor, would like to participate as a volunteer at Sherlock Farms Therapeutic Horsemanship

I acknowledge the risks and potential for risks of equine activities. I understand that I/my son/daughter/ward, will be working with and around horses at Sherlock Farms Therapeutic Horsemanship. However, I feel that the possible benefits to myself/son/daughter/ward are greater than the risk assumed. I, the undersigned client and/or parent or guardian, hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrator, waive and forever release, acquit, discharge and hold harmless all claims for damages against Sherlock Farms Therapeutic Horsemanship, its agents, instructors, therapists, employees, representatives, volunteers, owners of property on which Sherlock Farms Therapeutic Horsemanship operates, successors or assigns on account of any personal injuries and/or personal damages known or unknown, or in any way growing out of, the acts of Sherlock Farms Therapeutic Horsemanship, agents, instructors, therapists, employees, representatives, volunteers, owners of the property on which Sherlock Farms Therapeutic Horsemanship operates, successors or assigns.

I understand that under Texas Farm Liability Act (Chapter 87, Civil Practice and Remedies Code), a farm animal professional is not liable for an injury to or the death of a client in equine activities resulting from the inherent risks of equine activities.

Volunteer's Signature (or Signature of Parent/Guardian if under the age of 18):

Date: _____
