

## Release of Liability

I, \_\_\_\_\_ (parent or legal guardian), of \_\_\_\_\_ realize that there are certain inherent risks in horseback riding, and other equine related activities, and do hereby release from liability Horse Assisted Therapy Services of North Louisiana, Inc. and its affiliates (staff, volunteers, and any facility where services are provided).

I am aware that Louisiana RS 9:2795.1 does provide limitation of liability for equine activities. I acknowledge receiving a copy of the written rules and regulations of Horse Assisted Therapy Services of North Louisiana, Inc. I promise to abide by all rules and regulations, both written and verbal, set forth by Horse Assisted Therapy Services of North Louisiana, Inc. and the facilities where it operates.

I fully appreciate and recognize that there are inherent dangers in equine activities. I am of the opinion that my child or person for whom I am responsible for is capable of engaging safely in the equine activity and the horse they have been assigned. Therefore, I promise not to hold the aforementioned individuals, organizations, or facilities liable for injuries or death pertaining to equine activities. I am participating of my own free will, and at my own risk.

**Warning - Under Louisiana law, an equine activity sponsor or equine professional is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to R.S. 9:2795.1.**

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Participant \_\_\_\_\_ Date \_\_\_\_\_

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Parent or Legal Guardian (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

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Witness \_\_\_\_\_ Date \_\_\_\_\_