Participants Release and Hold Harmless Agreement
THIS RELEASE LIMITS OUR LIABILITY
READ IT!

Riding: ☐ **Volunteer:** ☐ **EAP:** ☐ **Vaulting:** ☐ **Other:** ☐

By signing this form, I acknowledge that therapeutic, pleasure horse riding and vaulting is a dangerous activity, which may result in injury to my horse, or me or result in damage to my equipment. With this knowledge, in consideration for the services of Special Spirit Therapeutic Equine Center (Special Spirit), and as inducement for the services of Special Spirit to provide therapeutic pleasure horse riding and/or physical therapy on horseback to me, I hereby waive, release, discharge and hold harmless Special Spirit, its officers, directors, employees and volunteer assistants, the facility Moonshadow Ranch, their heirs, executors, administrators, successors or assigns, from any and all liability for damages sustained by me, any animal owned or controlled by me, or for any item or personally under my dominion and control. Without limiting the generality of the above, I hereby waive and release Special Spirit, its officers and directors and all volunteer assistants for liability based on the active or passive negligence of said persons and entities.

I hereby agree to indemnify and hold harmless Special Spirit, its officers, directors and all volunteer assistants associated therewith for any claims which may be made against them, including attorney's fees and costs of suit in any action based upon or arising from my acts or omissions, or the actions of any animal within my control.

This release extends to all claims, whether presently known or unknown. I hereby expressly waive any benefits I may have pursuant to Section 1542 of the California Civil Code relating to the release of unknown claims, which provides: "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release which if known by him must have materially affected his settlement with the debtor."

I acknowledge that I have read the foregoing and understand the contents thereof.

Dated _____/2021 _____ _____

Signature of rider or visitor to Moonshadow Ranch — Riders or visitors Printed name

Address : _____

City, State_____ Phone: _____

E-mail: _____*) Cell #: _____

In Case of Emergency, notify: _____

Phone #: _____ _____

*) Your e-mail will be added to our Special Spirit Newsletter – Please mark the box if you do not want to be on Special Spirit Newslett☐

Photo Release - ☐ I DO ☐ I DO NOT

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

MINORS MUST HAVE THE FOLLOWING SIGNED BY THEIR PARENTS OR LEGAL GUARDIANS

I, the undersigned parent or guardian _____ of _____ for and in consideration of our child's participation at Special Spirit Therapeutic Equine Center state that I have read the waiver, release and hold harmless written above and I expressly agree that the terms and conditions of said waiver, release and hold harmless shall apply to and be binding upon me and my minor child or his or her horse may sustain or cause as a result of said participation. I further warrant I have health and accident insurance for said minor.

Dated _____ _____

Parent of Legal Guardian

● 9889 Helen Avenue ● Shadow Hills ● CA ● 91040 ● P: (323) 428-5005 ● E: info@specialspirit.org ●
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