



Triple H Ranch & Therapeutic Horsemanship
5405 N. Kennedy Rd. Milton, WI 53563 (608) 289-4313



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

Name (Participant/Volunteer/Guest): _____

Address: _____

Phone: _____ Date: _____

I hereby enter into this agreement in consideration of my / my child's ability and permission to ride OR use any Horse owned by **Triple H Ranch & Therapeutic Horsemanship, Foundation, Inc.**, whose address is **5405 N. Kennedy Rd. Milton, WI 53563**

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 THE OWNER'S HORSE AND/OR PARTICIPATION IN EQUINE ACTIVITIES AT Triple H Ranch & Therapeutic Horsemanship, Foundation, Inc., INCLUDING INJURY, DEATH, OR PROPERTY DAMAGE ARISING OUT OF THE NEGLIGENCE OF YOU OR Triple H Ranch & Therapeutic Horsemanship, Foundation, 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, being around goats and any other animals on premises, including but not limited to:

- Bites, kicks, abrasions, or contusions from horses or other animals.
- Being thrown, falling off, or bucked off by horses.
- Scratches, cuts, bruises, or other injuries from stalls or enclosures, fencing, or gates.
- Scratches or other injuries from grooming tools, barn cleaning tools, equine equipment, tack, helmets, or boots, or any other equipment inside & outside of the barn.
- Allergic reactions to animals, hay, or other allergens.
- Tripping in holes or on materials or being injured by, on, or around equipment, machinery, fencing, or gates.
- Slipping, falling, or otherwise being injured in the barn, in stalls, in the arenas, or on the grounds, which can be slippery, muddy, wet, icy, snowy, or contain or present other hazards.

Adult Initial _____

I hereby specifically forever waive and release **Triple H Ranch & Therapeutic Horsemanship, Foundation, Inc.**, and its principals and agents, and family 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 **Triple H Ranch & Therapeutic Horsemanship, Foundation, Inc.**, its principals, and agents.

Adult Initial _____



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By signing this agreement, I hereby acknowledge that although there may be supervision during my time spent at **Triple H Ranch & Therapeutic Horsemanship, Foundation, Inc.**, there will not be a nurse or medical attention on the premises, and **Triple H Ranch & Therapeutic Horsemanship, Foundation, Inc.**, and its principals and agents, and family bear no responsibility for my health or medical care.

I agree to indemnify, save and hold harmless **Triple H Ranch & Therapeutic Horsemanship, Foundation, Inc.**, and its principals and agents and family 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 **Triple H Ranch & Therapeutic Horsemanship, Foundation, Inc.**, or any acts or omissions of **Triple H Ranch & Therapeutic Horsemanship, Foundation, Inc.**, principals or agents or family.

By signing this Agreement, and by initialing the paragraph below, I hereby acknowledge my complete understanding, agreement, and consent to my presence and/or participation in the activities at **Triple H Ranch & Therapeutic Horsemanship, Foundation, Inc.**, without restriction, without liability to **Triple H Ranch & Therapeutic Horsemanship, Foundation, Inc.**, its principals or agents or family, and with full knowledge and understanding of the disclosures, waivers, and releases herein.

Adult Initial _____

If I am present at and participate in the activities of **Triple H Ranch & Therapeutic Horsemanship, Foundation, Inc.**, I do so at my own risk, and I hereby acknowledge and agree that **Triple H Ranch & Therapeutic Horsemanship, Foundation, Inc.**, and/or any of its principals and agents or family or minor children shall bear no responsibility or risk associated with injuries that could arise from my presence or participation at **Triple H Ranch & Therapeutic Horsemanship, Foundation, Inc.**. **Use of your own riding helmet is the helmet owners responsibility as to the condition, age & suitability of the helmet and not that of **Triple H Ranch & Therapeutic Horsemanship, Foundation, Inc.**, volunteers, staff, employees, principals, agents or family.**

As a volunteer/participant at Triple H Ranch, I acknowledge the risks and potential risks of a horseback-riding program and related equine activities. However, the potential benefits to me and the clients/other participants I work with outweigh the risks I assume. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damage against **Triple H Ranch & Therapeutic Horsemanship, Foundation, Inc.**, instructors, therapists, volunteers, officers, directors, and/or employees for any injuries and/or losses I may sustain while participating in the Triple H Ranch programs.

Adult Initial _____

Per Wisconsin Law relating to the limitation of civil liability regarding equine activities:

NOTICE A PERSON WHO IS ENGAGED FOR COMPENSATION IN THE RENTAL OF EQUINES OR EQUINE EQUIPMENT OR TACK OR IN THE INSTRUCTION OF A PERSON IN THE RIDING OR DRIVING OF AN EQUINE OR IN BEING A PASSENGER UPON AN EQUINE IS NOT LIABLE FOR THE INJURY OR DEATH OF A PERSON INVOLVED IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, AS DEFINED IN SECTION 895.481(1)(E) OF THE WISCONSIN STATUTES.

Participant/Volunteer/GuestName(s): _____

Participant/Volunteer/Guest Signature: _____ Date: _____

Adult (Parent of Legal Guardian) Name: _____

Adult (Parent or Legal Guardian) Signature: _____ Date: _____