Helping Hands Horse Rescue and Equine Therapy Inc. Waiver of Liability and Indemnity Agreement Agreement

In consideration of being permitted to volunteer, visit the SE Farm Inc. horses, petting zoo, or participate in any Helping Hands Horse Rescue and Equine Therapy, Inc. (HHHR&ET) activity, including entering onto the property of or into any part of the facility for any purpose, but not limited to observation, use of facility, or equipment, or participation in any way, including being transported to or from any HHHR and ET Inc. activity, the undersigned hereby acknowledges, agrees and represents that he/she has, or immediately upon entering, will inspect such premises, activities or facility. It is further warranted that such entry onto HHHR&ET for observation, participation or use of their facility or equipment, constitutes an acknowledgment that such premises, activities, and the facility and equipment thereon have been inspected and that the undersigned finds and accepts them as being safe and reasonably suited for the purposes of such observation, use, or participation.

In further consideration of being permitted to attend any HHHR&ET Inc. activity or enter onto HHHR&ET, and SE Farm Inc. property for any purpose including, but not limited to, observation, use of facility or equipment, or participation in any way, the undersigned hereby agrees to the following:

The undersigned hereby releases, waives, discharges, and covenants not to sue HHHR&ET Inc. or any of HHHR&ET Inc.'s subsidiaries, board of directors, employees, agents, or other volunteers (hereinafter referred to as 'releasees') from all liability to the undersigned for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise, while the undersigned is in, upon, or about the premises or any facilities therein, or involved in any activity carried out by the releasees.

The undersigned hereby assumes full responsibility for risk of bodily injury, death, or property damage due to the negligence of releasees or otherwise, while involved in any activity they (the undersigned) are involved in, about or upon the premises of the farm, and/or while using the premises or the facility, or equipment hereon, including transportation to or from an activity.

The undersigned further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of Oregon and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees no oral representations, statements or inducement apart from the foregoing written agreement have been made.
The undersigned understands that the above release and waiver of liability and indemnity agreement applies to any minor under custodial care whose name(s) is(are) listed below. The undersigned further gives permission for any child listed below to participate and or be transported to and from any activity at HHHR and ET Inc.

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 HHHR and ET Inc., INCLUDING INJURY, DEATH, OR PROPERTY DAMAGE ARISING OUT OF THE NEGLIGENCE OR ACCIDENT.

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 stalls or enclosures. 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.

Should a practicing doctor deem it necessary, in case of illness or injury, HHHR&ET Inc. (or its subsidiaries), or any of its staff, has full consent of the undersigned to give consent for all medical treatment, including surgery for the undersigned or for any minor listed below. I understand that if I am volunteering I will not be covered by Workers’ Compensation nor by any of the releasees’ agents. I HAVE READ COMPLETELY READ THIS RELEASE.

Date: _____________

Printed Name of Applicant                                             Signature of Applicant
______________________________________________________________________

Printed Name of Parent                                             Parent Signature (if a minor)
______________________________________________________________________

PHONE NUMBER for emergency:___________________________________