



## Waiver & Liability Release Form

**SAFETY AND ACKNOWLEDGEMENT AND COMMITMENT:** I understand and recognize that there are certain risks, dangers & perils connected with the use of horses in general as well as in an EAL (Equine Assisted Learning) controlled environment. Under these conditions, I realize Equisource (operated by Nutriiness Inc.) efforts to thoroughly inform and continually maintain safety for all concerned. I will faithfully adhere to all safety instructions and recommendations provided to me by Equisource whether oral or written while on Equisource premises.

I further agree to use and care for any and all Equisource animals as well as those in the care of Equisource to the best of my ability.

IN CONSIDERATION of Equisource permitting me to participate in the Equisource activity,

I, \_\_\_\_\_ do forever release and discharge Equisource, its partners, members, employees, and volunteers of and from any and every action, right of action, claim and demands of whatsoever kind or nature either in law or in equity and costs (herein called claims) in respect of death, injury, loss, or damage which may occur to my person or property whosoever caused, whether arising out of participation of myself, in the said activity(ies) or in any way connected with the said activity(ies), whether foreseeable or unforeseeable and notwithstanding that same may have been caused or contributed to, by the negligence of Equisource. I further agree to indemnify and save harmless Equisource from any and all expenses and claims which may arise from the participation of myself, whether caused by my negligence or not, including but not to limit the generality of the foregoing, claims against Equisource from myself or third parties claiming by or through me.

I DECLARE that I am aware of the nature and extent of risks involved in participating in equestrian activities and that death, injury, loss, damage may occur and that I am familiar with and aware of the risks and possible dangers arising from the said activity(ies). I AGREE TO ACCEPT THOSE RISKS as a condition of my participation.

I give my permission to Equisource, while I am attending the Equisource activity to take and use photographs at their discretion, inasmuch as they are in good taste and respectfully displayed.

\_\_\_\_\_  
Participant signature

\_\_\_\_\_  
Date

### Parental consent and commitment for the benefit of a Minor:

I declare that I am duly authorized to act for and on behalf of \_\_\_\_\_ (Minor) so that he / she participates in this activity sanctioned by Equisource and this, under the terms and conditions listed previously in this document. I declare that I have informed the Minor of the aforementioned risks and I will make sure to remove him / her from the activity if I deem these risks to be too great for him / her. If, despite this commitment, the Minor were to bring recourse against the aforementioned beneficiaries, I will hold them free from any condemnation that may be pronounced against them, both in capital, interest, and costs, and will reimburse the legal fees required in order to ensure their defense against such recourse.

AND I HAVE SIGNED THIS DECLARATION FREELY AND IN ALL KNOWLEDGE OF CAUSE.

Relationship with the Minor: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent / person in charge

\_\_\_\_\_  
Date