



SpringHaven 2024 Summer Horse Camp Waiver Release of Liability

I, _____ (Participant's Name Printed), hereby release, hold harmless, and forever discharge, SpringHaven, Inc., Woodside Rest, SpringHaven's Equine Program, all of their officers, directors, members, agents, and/or employees, and, any and all sponsors, officials, volunteers, horses and other participants (hereinafter "RELEASEES") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage (including but not limited to: Wheelchair, walker, crutches, etc.) , or personal injury, that may be sustained by me or any property belonging to me, whether arising from the negligence of any of the RELEASEES, or otherwise, while participating in Equine Assisted Counseling or Equine Assisted Learning. I am fully aware that there are risks and hazards associated with participating in this activity and I voluntarily, without any inducement, elect to participate in the activity. I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, AND ASSUME FULL RESPONSIBILITY FOR ANY PROPERTY DAMAGE, OR ANY PERSONAL INJURY, THAT MAY BE SUSTAINED BY ME OR ANY LOSS OR DAMAGE TO PROPERTY OWNED BY ME AS A RESULT OF BEING ENGAGED IN SUCH ACTIVITY. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual, significant hazard during my presence or participation, I will remove myself from participating and bring such to the attention of the nearest staff member immediately.

I agree to assume full responsibility for payment of any and all fees incurred as a result of any loss, any damage to property owned by me or any personal injury.

This release and hold harmless agreement is binding on myself, my heirs, assigns, personal representatives, administrators, and next of kin.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Print Participant Name _____ Date of Birth ____/____/____

Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____
(If participant is under 18 ONLY)

Witness Signature _____ Date _____