



2019 E. Harvest Circle
Perryville, Mo 63775
573-517-6004

Participant Release and Indemnification Agreement

I acknowledge and understand the inherent risks of Horse activities and that horsemanship experiences can result in injury and even death. In consideration for being accepted into the The Hope Therapeutic Horsemanship Center and for the benefits I receive from participating in the program, I, _____, (participant if 21 or older, parent or guardian) hereby consent to assume the risks of _____, (participant's) participation in the horsemanship program sponsored by The Hope Therapeutic Horsemanship Center

Accordingly, I hereby, intending to be legally bound, for myself, my heirs and assigns, executors, or administrators, waive and forever release, acquit, discharge and hold harmless, The Hope Therapeutic Horsemanship Center, the owners of the facilities and properties on which The Hope Therapeutic Horsemanship Center conducts its therapeutic horseback riding program, including, but not limited to Rick and Claire Schemel, the officers, directors, agents, employees, representatives, therapists, instructors, and volunteers, of The Hope Therapeutic Horsemanship Center and any other person associated with The Hope Therapeutic Horsemanship Center therapeutic horseback riding program, and the successors and assigns of each of them, from all manner of claims, demands and damages of every kind and nature whatsoever I may now or in the future have against these parties on account of any losses or personal injuries, physical or mental condition, known or unknown to myself and the treatment thereof, as a result of, or in any way connected with the The Hope Therapeutic Horsemanship Center therapeutic horseback riding program, or growing out of acts of omission or caused by negligence or in any way incidental to the The Hope Therapeutic Horsemanship Center therapeutic horseback riding program.

WARNING

Under Missouri law, a Horse professional is not liable for any injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to the Revised Statutes of Missouri.

Date: _____

Signed: _____
Participant if 21 or older, parent or guardian

Witnesses: _____
