

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

Name: _____

Address: _____

Telephone: _____ Email: _____

I hereby enter into this agreement in consideration of my / ability and permission to ride OR use any Horse or other animal owned by **D-S Rescue, Deanna Severance or Ron Gonzales** (“Owner”) whose address is: **11598 W Picture Rocks Road, Tucson, AZ 85743**.

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 ANY ANIMAL ACTIVITIES AT D-S Rescue, Deanna Severance or Ron Gonzales, INCLUDING INJURY, DEATH, OR PROPERTY DAMAGE ARISING OUT OF THE NEGLIGENCE OF YOU OR D-S Rescue, Deanna Severance or Ron Gonzales.

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 and other animals, including but not limited to:

- **Bites, kicks, abrasions or contusions from horses and other animals.**
- **Being thrown or bucked off by horses.**
- **Scratches or other injury from stalls or enclosures.**
- **Scratches or other injury from grooming tools and other equipment and tack.**
- **Allergic reactions to animals, hay, or other allergens.**
- **Tripping in holes or on materials or equipment.**

(Initial) _____

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- **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.**

I hereby specifically forever waive and release **D-S Rescue, Deanna Severance or Ron Gonzales** and its principals and agents from any liability for injury arising out of the inherent risks from riding, working or participating in a stable environment and/or with horses and other animals, as well as from the active negligence of **D-S Rescue, Deanna Severance or Ron Gonzales**, its principals and agents.

(Initial) _____

By signing this agreement I hereby acknowledge that although there may be supervision during my time spent at **D-S Rescue, Deanna Severance or Ron Gonzales**, there will not be a nurse on the premises and **D-S Rescue, Deanna Severance or Ron Gonzales** and its principals and agents bear no responsibility for my health or medical care.

(Initial) _____

I agree to indemnify, save and hold harmless **D-S Rescue, Deanna Severance or Ron Gonzales** and its principals and agents 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 **D-S Rescue, Deanna Severance or Ron Gonzales** or any acts or omissions **D-S Rescue, Deanna Severance or Ron Gonzales** principals or agents.

(Initial) _____

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 **D-S Rescue, Deanna Severance or Ron Gonzales**, without restriction, without liability **D-S Rescue, Deanna Severance or Ron Gonzales**, its principals or agents, and with full knowledge and understanding of the disclosures, waivers, and releases herein.

(Initial) _____

If I am present at and participate in the activities of **D-S Rescue, Deanna Severance or Ron Gonzales** I do so at my own risk, and I hereby acknowledge and agree that **D-S Rescue, Deanna Severance or Ron Gonzales** and/or any of its principals and agents shall bear no responsibility or risk associated with injuries that could arise from my presence or participation at **D-S Rescue, Deanna Severance or Ron Gonzales**.

Name: _____ Date: _____

Participant's Signature: _____

Parent or Legal Guardian (if under the age of 18): _____