



RELEASE OF LIABILITY

EDEN HEALING CENTER, INC.

THIS DOCUMENT IS A RELEASE OF LIABILITY AND WAIVES IMPORTANT LEGAL RIGHTS. PLEASE READ IT CAREFULLY, INITIAL IN THE AREAS PROVIDED, AND SIGN AT THE BOTTOM OF THIS FORM. PARTICIPANTS UNDER THE AGE OF 18 MUST HAVE THEIR PARENT OR GUARDIAN SIGN THIS FORM ON THEIR BEHALF. RECKLESS AND INTENTIONAL ACTS BY EDEN HEALING CENTER, INC., ITS SUCCESSORS AND ITS ASSIGNS, SHALL NOT BE RELEASED UNDER THIS WAIVER.

Please carefully read and initial each statement and sign at the bottom when you approve it.

I, _____ (print name), am fully aware and fully understand that all horses are unpredictable and dangerous. I realize that placing myself or those that I am the legal guardian for in a horse stable environment is creating a hazardous situation.

_____ I understand that riding horses or ponies is a dangerous sport and that riders must expect to be injured from time to time.

_____ I understand that injury, including but not limited to serious injury or death, of people from equestrian accidents is possible.

_____ I understand that professional instruction cannot prevent injury, including but not limited to serious injury or death, from working around, handling, or riding equine animals, or any other activity as anticipated when handling equine animals.

_____ I understand that equine animal jumping is a particularly dangerous activity and that injury, including but not limited to serious injury or death, of riders or horses is possible.

_____ I am aware that injury, including but not limited to serious injury or death, of my mount is possible when it is handled, trained, or in a lesson.

_____ I hereby give permission Eden Healing Center, Inc., its successors, its assigns, and any of its affiliated businesses, trainers, and employees to initiate emergency first aid treatment for my children, my animals, and myself in case of an accident. I also provide my permission to authorize emergency medical treatment by qualified medical personnel for my children or myself, and veterinary treatment by qualified veterinary personnel for my animals.

_____ I understand that I am fully responsible for any guests that I may have on the property. I understand that I am fully responsible for fully informing the guest of all risks related to the handling or riding of horses.



_____ I hereby release Eden Healing Center, Inc., its successors, its assigns, and any of its affiliated businesses, trainers and employees from all liability for damage to my property, injuries or death of my children, my animals, or myself, as considered by Wis. Stat. § 895.481. **Reckless or intentional acts by or on behalf of Eden Healing Center, Inc. is not covered under this clause.**

_____ I understand that I am releasing my ability and right to pursue any legal action, insurance claim(s), or other attempts for monetary or legal compensation against Eden Healing Center, Inc., its successors, its assigns, and any of its affiliated businesses, trainers, and employees for myself, along with any and all guests and family members. as considered by Wis. Stat. § 895.481.

I have carefully read each paragraph listed above and understand its contents.

SIGNATURE OF PARTICIPANT/RIDER

DATE

PRINTED NAME OF PARTICIPANT/RIDER

Personal Information

Name (please print): _____

Children's names (please print): _____

Street Address: _____

Phone Number: (_____) - _____ - _____

Email _____ @ _____

Emergency Contact Information

Emergency Contact Phone: _____ - _____ - _____

Emergency Contact: _____

Relation to myself or my child(ren): _____