Therapeutic Equestrian Center Volunteer Liability Waiver

No individual can be accepted as a volunteer in the Therapeutic Equestrian Center Program until this form has been completed by the volunteer's parent(s)/guardian or by an adult rider who is a legally competent adult, 18 years of age or over.

VOLUNTEER CONSENT, RELEASE, AND INDEMNIFICATION AGREEMENT

I/We, the parent(s)/guardian(s)* of _____(volunteer's name), do hereby consent to and assume the unavoidable risks inherent in all horse related activities of said volunteer's participation in activities sponsored by Therapeutic Equestrian Center, Inc., at 1615 N. M140, Watervliet, Michigan and/or other locations. I acknowledge and I understand that despite reasonable safety precautions, horsemanship experiences can result in injury and even death.

I understand that UNDER THE MICHIGAN EQUINE ACTIVITY LIABILITY ACT, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITY RESULTING FROM AN INHERENT RISK OF THE EQUINE ACTIVITY. I understand that, in the event of any accident that might occur NO LIABILITY can be accepted by any organization concerned, including Therapeutic Equestrian Center, Inc., its agents or assigns. In consideration, therefore, for the privilege of riding and /or working around horses at Therapeutic Equestrian Center, the Undersigned does hereby agree to hold harmless and indemnify Therapeutic Equestrian Center, Inc., and further release it from any liability or responsibility for accident, damage, injury, or illness to the Undersigned or to any horse owned by the Undersigned, or to any family member or spectator accompanying the Undersigned on the premises.

For and in consideration of the agreement of Therapeutic Equestrian Center, Inc. to allow participation of the aforesaid volunteer, I do hereby forever release, acquit, discharge and hold harmless Therapeutic Equestrian Center, Inc., its officers, directors, agents, employees, instructors, representatives, therapists, volunteers and other persons associated with said program and the successors and assigns of each of them from all manner of claims, demands and damages of every kind and nature whatsoever which I or the aforesaid participant may now or in the future have against Therapeutic Equestrian Center, Inc., its officers, directors, agents, employees, instructors, representatives and any therapists, volunteers and other persons associated with said program and the successors and assigns of each of them on account of any personal injuries, physical or mental condition known or unknown, to the person of the aforesaid volunteer, and the treatment thereof, as a result of or in any way growing out of the acts or omissions of said parties in connection with said services or in any way incidental thereto.

_____ _____

Volunteer Signature **(If age 18 or older)** **Date**

***In the event that you have sole legal custody of or are the sole living parent of the above named child/ward, only one signature is required, otherwise BOTH PARENTS OR GUARDIANS MUST SIGN prior to the child volunteering at the Therapeutic Equestrian Center, Inc. Adult volunteers should sign for themselves.**

_____ _____

Mother/Guardian Written Name **Father/Guardian Written Name**

_____ _____

Mother/Guardian Signature **Father/Guardian Signature**

_____ _____

Date **Date**

Last update: 3-11-2011