

LIABILITY RELEASE



PLEASE READ AND SIGN BELOW BEFORE ENTERING THE FARM

Reason for visit:	Riding:	Volunteer:	EAP:	Farm:	Other:

This legally binding Release, Waiver, Discharge and Covenant Not to Sue ("Release"), is made voluntarily and for my minor child/ward and on behalf of my/our heirs, successors, executors, administrators, agents, insurers, legal representatives, and assigns (hereinafter collectively "Releasors") to Special Spirit Inc. a Therapeutic Equineand Farm Animal Activity Center herein referred to as "The Farm".

I am aware and fully recognize that there are dangers and risks to which I and /or my child/ward may be exposed to by participating in any of the programs at The Farm. Despite the possible dangers and risks, I voluntarily elect to participate/allow my child/ward to participate in the activities at The Farm, including but not limited to animal petting, horseback riding and feeding. I shall assume sole liability for all potential risks and injuries which may in any way, arise from or result from these and similar activities, and for myself, my child/ward and Releasors, I hereby forever forego, waive, release, covenant not to sue and fully discharge The Farm and all of their present, former and future officers, directors, affiliates, parents, successors, assigns, shareholders, partners, limited partners, joint ventures, agents, insurers, accountants, legal representatives, employees, family members, relatives, heirs contractors and independent contractors (hereinafter collectively "Releasees") from any and all claims, losses, obligations, demands, judgments, suits, damages, actions, and liabilities of every kind or nature whatsoever, whenever occurring, whether know or unknown, that I may suffer at any time arising from or in connection with the activities at The Farm including, without limitation, any injury or harm to me, my child/ward, including death or property damage (collectively "Liabilities"). I, on behalf of Releasors, further agree to defend, indemnify, and hold harmless Releases from and against any and all Liabilities.

As the undersigned Releasor, I recognize that this Release means I, for myself and on behalf of Releasors, am giving up, among other things, all rights to sue Releasees for injuries, damages, or losses which may be incurred. I also understand that this Release binds my heirs, successors, executors, administrators, agents, insurers, legal representatives, and assigns, as well as myself. I also affirm that I and my minor child/ward have adequate medical or health insurance to cover any medical assistance, which may be required.

I have read this entire Release. I fully understand the entire Release and acknowledge that I have had the opportunity to review this Release prior to engaging in the activities offered at The Farm and I agree to be legally bound by the Release.

Liability Release, Waiver, Discharge, Covenant Not to Sue and Indemnification/Hold Harmless Agreement

□ I have read this entire Release. I fully understand the entire Release and acknowledge that I have had the opportunity to review this Release prior to engaging in the activities offered at The Farm, and I agree to be legally bound by the Release.

Date:, 2	2022			
	Print Visitor/Rider's or Cl	hild's Full Name:		
Parent/Guardian's Full Name:	Client/Parent/Guardian'	Client/Parent/Guardian's Signature		
Address:	City, State	City, State		
Phone:	E-mail:	*)		
In Case of Emergency, notify	Ph	none #:		
*) Your e-mail will be added to our Newsletter	r – Please mark the box if you c	do NOT want to be on the Newsletter. \Box		
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E: info@specialspirit.org	P: (818)390-7005	W: www.specialspirit.org		