



## ASSUMPTION OF RISK AND RELEASE OF LIABILITY

I have requested to become involved and participate in the activities of Stepping Stones Riding Program (hereafter called "SSRP") as well as use the horse facility located in the Santa Rosa Valley. I am aware that being around, working with, riding, and grooming horses and general horse maintenance can be a dangerous activity. I agree to follow all rules, procedures, and instructions of SSRP and its staff.

### ASSUMPTION OF RISK

**My participation in any activity sponsored by SSRP is at my own risk, and I am voluntarily participating in the activities listed above with knowledge of the dangers involved and hereby accept any and all risks of injury or death and verify this statement by placing my initials here. \_\_\_\_\_ ←**

### RELEASE OF LIABILITY

As consideration for being permitted by SSRP to use its facilities and to participate in the activities listed above, I hereby agree that I, my guardians, legal representatives, heirs, executors, successors, administrators, next of kin, spouse or assignees will not make a claim against or sue, and hereby release, SSRP, its agents, employees, officers, directors, contractors, sponsors, volunteers and event holders from any personal injuries, illness, death, or property damage, injury or death of horses in our care or custody, howsoever caused, or suffered by me, as a result of my participation in any of the activities listed above, whether or not said injury, death, or damage may be due to any conduct, act, omission or negligence of SSRP, its agents, employees, officers, directors, contractors, sponsors, volunteers, event holders, or members.

### KNOWING AND VOLUNTARY EXECUTION

I have read and fully understand this document, have signed voluntarily, and understand my rights to consult with a third party/attorney prior to signing this release of liability.

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Signature: \_\_\_\_\_

**If participant is under the age of 18, this agreement must also be signed by parent, guardian, or legal representative.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Emerg. Contact's Name: \_\_\_\_\_ Emerg. Contact's Phone: \_\_\_\_\_

### PHOTOGRAPH RELEASE

I agree to allow my photograph or video to be used by SSRP for advertising, publication, in print or on internet for educational or promotional purposes.

Signature: \_\_\_\_\_