

DREAM CATCHER STABLES INC. (A Texas Not For Profit Corporation)
P.O. Box 1454, Spring, TX 77383-1454 Telephone: 281-216-3494

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT - READ BEFORE SIGNING

PARTICIPANT'S NAME: _____ AGE _____
(Please Print)

Name of Parent or Guardian (if participant is a minor) _____
(Please Print)

IN CONSIDERATION of being permitted to participate among and on horses on the premises of or under the auspices of Dream Catcher Stables, **on my behalf and on behalf of the participant named above** (we will collectively call ourselves "I" in this release), **I acknowledge, appreciate, and agree that:**

- 1) The risk of injury from the activities involved in the program is significant, including the potential for permanent paralysis or death. This risk includes, but is not limited to, my being in the presence of, mounted on, and/or leading horses and includes but is not limited to property damage, injury, or death resulting from the dangers or conditions that are an inherent risk of equine activity. Examples of these dangers are:
 - a. The propensity of an equine animal to behave in ways that may result in personal injury or death to a person on or around it;
 - b. The unpredictability of an equine animal's reaction to sound, a sudden movement, or an unfamiliar object, person, or other animal;
 - c. Certain land conditions and hazards, including surface and subsurface conditions;
 - d. A collision with another animal or an object; or
 - e. The potential of a participant to act in a negligent manner that may contribute to injury to the participant or another, including failing to maintain control over the equine animal or not acting within the participant's ability.
- 2) By signing this RELEASE OF LIABILITY, I UNDERSTAND AND KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, EVEN IF ARISING FROM THE ORDINARY NEGLIGENCE OR LEGAL LIABILITY of those persons released from liability below, and assume full responsibility for my participation. I understand that there may be other risks, as well, and I agree to assume them; I am not relying on Dream Catcher Stables to list all possible risks for me; and
- 3) I will comply with all rules and regulations of Dream Catcher Stables. If I have any question, or observe any unusual or unnecessary hazard during my participation, I will immediately notify the nearest instructor, director, or manager of Dream Catcher Stables; and,
- 4) I feel that the possible benefits to myself/my son/my daughter/my ward of participation in equine activities or being around horses or on Dream Catcher Stables property are greater than the risk assumed. I hereby, intending to be legally bound, for myself on behalf of my heirs and assigns, personal representative, and next of kin, waive and release forever all claims of damages against Dream Catcher Stables and its' Officers, Directors, Instructors, Therapists, Physicians, Aides, Volunteers, Employees, Agents, Donors, and affiliated persons for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in Dream Catcher Stables horsemanship programs either on or off site, or while being on or near the premises of Dream Catcher Stables.

**WARNING: UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE),
A FARM ANIMAL PROFESSIONAL OR FARM OWNER OR LESSEE IS NOT LIABLE FOR AN
INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES,
INCLUDING AN EMPLOYEE OR INDEPENDENT CONTRACTOR, RESULTING FROM THE
INHERENT RISKS OF FARM ANIMAL ACTIVITIES.**

This release shall be valid starting from date executed for as long as participant either (1) participates in any activities associated with, or (2) is on or near the premises of Dream Catcher Stables. If participant is a minor, Parent or Guardian is executing this agreement on behalf of himself/herself as well as the minor child or legal ward. (Minors will be required to complete a new form at the age 18 or upon change of guardianship.)

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT OR COERCION BY ANYONE.

X _____ Age _____ Date Signed _____

Equestrian/Volunteer/Parent or Guardian of Minor (under Age 18)

Received by _____ Date _____

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REGISTRATION

Equestrian

Volunteer

CS

— One Day

Name_____Date of Birth_____Age_____

Street_____City_____State_____

Zip Code_____ Home Phone_____ Work Phone_____

Parent(s) or Guardian _____

Address _____

Zip Code_____ Home Phone_____ Work Phone_____

Please note that we communicate mainly by Email. Please complete the print legibly.

Email _____

School or institution _____

Caregiver Name (if different from above)_____

In case of Emergency contact _____ Phone _____

or contact _____ Phone _____

PHOTO RELEASE

I, on behalf of myself/my child/legal ward listed above, hereby consent to and authorize the use and reproduction by Dream Catcher Stables, now and in the future, of any and all photographs and any other audiovisual materials taken of me/my son/daughter/ward for promotional printed material, educational activities, exhibitions or for any other use for the commercial or promotional benefit of the Dream Catcher Stables Horsemanship program, including on site and off site activities.

Date _____ Signature _____

Equestrian/Volunteer/Parent, or Guardian

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