

Yraceburu EarthWisdom. Release Form

For and in consideration of Yraceburu EarthWisdom, a California non-profit church (YEW), granting the undersigned permission to enter upon YEW's facility and/or allowing the undersigned to participate in equestrian activities on its leasehold premises (the "premises"), the undersigned hereby assumes any and all risk of loss or injury to the undersigned's person and/or property, whether anticipated or unanticipated, arising from such entry upon YEW' s premises and/or the undersigned's participation in any equestrian activities.

The undersigned further agrees to indemnify YEW, its Council, owners, agents, servants, and employees and to hold same harmless from any and all claims, demands, causes of action, expenses, or liabilities (including YEW's reasonable attorney fees and court costs) for any injury or damage to the undersigned and/or the undersigned's property arising out of the undersigned's entry onto YEW's premises, and/or participation in such equestrian activities, and/or arising out of any act or acts of anyone or any animal within the undersigned's control or within the control of another individual.

The undersigned acknowledges that equestrian activities such as horse therapy, horse care and maintenance contain inherent risks of injury and damage to the undersigned personally, the undersigned's property and horses. Based upon such knowledge and in consideration of YEW allowing the undersigned to enter onto the premises, hereby, for myself, my heirs, executors, and administrators waive, release, and hold harmless YEW, its Council, owners, agents, servants, and employees from any and all claims and/or causes of action, demands of any kind or nature that the undersigned might have, or had, as the result of, or arising out of the undersigned's participation, whether caused by the undersigned's own act or the acts of anyone or any animal within the undersigned's control or under the control of another.

“WARNING: All activities involving HORSES, have inherent risks for participants. Use these facilities at your own risk .”

THE UNDERSIGNED HEREBY ACKNOWLEDGES THAT I HAVE READ

THE FOREGOING PARAGRAPHS AND UNDERSTAND THE CONTENTS THEREOF.

Signature: _____

Date: _____

Name: _____

Phone: _____

Address:

Family Physician: _____

Phone: _____