



**Reins of H.O.P.E. Volunteers**  
**Humans and Horses Healing Together**  
P.O. Box 1156 \* Ojai \* California \* 93024  
(805) 633-9199

**WAIVER OF LIABILITY FOR VOLUNTEERS**

In consideration of the signing of this agreement, I, the following listed individual, or the parent or legal guardian thereof a minor, do hereby request and agree to participate in horse interactive activities.

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

Age: \_\_\_\_\_

Horse Experience:

\_\_\_\_\_

Does the participant have any physical or mental condition, which may affect his/her safety and ability to be around horses? \_\_\_\_\_

If "Yes", please explain:

\_\_\_\_\_

I hereby acknowledge that being around horses is classified as a rugged recreational sport activity and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions.

I assume the risk of injury to person or property resulting from any of the inherent risks associated with being around horses and dogs, including, but not limited to, possible injury or property damage from falling near a horse, collision with natural or man made objects, physical strain and injury due to unfamiliar or unexpected movements of the horse, biting, kicking, bucking, or rearing by the horse, entanglement in gear, the negligent or unlawful conduct of others, and allergic reaction to the horse, equipment or the flora and fauna encountered while in the vicinity of the horse.

I hereby agree to and do hereby fully release, Reins of H.O.P.E., its officers, directors, employees, independent contractors, volunteers, as well as the property owner from any and all liabilities for injuries, death, or any other damages resulting from any injury or death to any person or property which I may sustain while engaging in horse activities related thereto whether caused by the active or passive negligence of above listed party or another party. Further I agree to defend and indemnify Reins of H.O.P.E., and all owners of any property on which I may participate in horse activities, from any and all losses which they may incur, including, but not by way of limitation, reasonable attorney's fees, resulting from any claim asserted against them as a result of my use of the facilities and my participation in the activities provided for hereunder.

It is intended that this release of liability, assumption of risk, and indemnification agreement be interpreted as broadly and inclusively in scope as permitted by the laws of the State of California. If any part or provision of this document is held unenforceable the balance shall be given full force and effect. I specifically waive the provisions of the California Civil Code section 1542, which reads as follows, "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor".

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability, a waiver of my legal right to collect damages in the event of injury, death or property damages and an agreement to indemnify Reins of H.O.P.E., its officers, directors, employees, independent contractors, volunteers and the owners of the property where I will be with the horses, for any damages caused by actions, and sign of my own free will.

**RULES:**

1. Volunteers are only allowed on property when the volunteer coordinator, an ROH staff, or a Board of Directors member is present, or until volunteer has completed sufficient training acknowledged by one of the aforementioned ROH staff or volunteer coordinator.
2. Confirm with the volunteer coordinator the day before coming through text or phone call.
3. Closed toed shoes are a requirement- no bare feet or open toed shoes at any time.
4. There is no riding in our program.
5. Smoking, alcohol, and illegal drugs are prohibited on the premises.
6. Volunteers will be reevaluated as necessary as changes in medical, physical, or behavioral status occur.
7. Please do not bring new volunteers without prior permission from the volunteer coordinator.

**Print name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(By Parent or Guardian if under 18 years of age)

**E-mail Address** \_\_\_\_\_

**Physical Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_  
**Name** **Phone**