



**HORSE PROGRAM**  
**Assumption of Risk, Liability Release, Indemnity Agreement**

Please carefully read and initial each paragraph as you approve it.

**Assumption of Risk**

I \_\_\_\_\_, (participant or parent/guardian of minor participant), am willingly participating with horses & Defensa Animal de Rincon, a non-profit organization, to help or learn more about horses. I understand that all horses are unpredictable and sometimes dangerous animals. I realize that placing my children or myself, in an environment where horses are present and participating in horse related activities including but not limited to, riding, touching, grooming, standing near horses, may create a hazardous and dangerous situation which carries an inherent risk of serious bodily injury, disability or death. I understand that horses can run, buck, bite, kick, shy, stumble, rear, trample, scratch, peck, fall, make unpredictable movements, spook, down, jump, butt, step on a person's feet, push or shove without warning or apparent cause. I understand that instruction cannot prevent the risk of injury or death from being around, handling, or riding horses. INITIAL \_\_\_\_\_

I hereby expressly and specifically assume the risk of injury or harm related to my participation in the above mentioned activities and that I can stop participating at any time I choose. INITIAL \_\_\_\_\_

**Liability Waiver and Release**

In consideration for my participation, I, on behalf of my spouse, partner, descendants, ascendants, assigns, and executors hereby release Defensa Animal de Rincon its director, staff, board members, volunteers, trainers, as well as landowners of property on which Defensa activities are conducted, (hereinafter "Defensa"), from any and all liability for harm to person or property including any illness, injuries or death resulting from my participation. I release and forever discharge and hold harmless Defensa from any claim for liability related to my participation including but not limited to **any claims that may arise for any act of negligence or want of ordinary care on the part of Defensa.** INITIAL \_\_\_\_\_

I expressly give permission to Defensa to initiate emergency first aid treatment for my children or myself and hereby release and forever discharge Defensa from any claim whatsoever which arises or may thereafter arise on account of any first-aid treatment provided. INITIAL \_\_\_\_\_

**Indemnity Agreement**

I agree that I will indemnify and hold harmless Defensa against all claims, demands, and causes of action, including court costs, and actual attorney fees, arising from any proceeding or lawsuits brought by or prosecuted for my benefit, in which this release is upheld. INITIAL \_\_\_\_\_

**I have carefully read each paragraph listed above and understand its contents. I expressly waive any rights I may have under the laws of Puerto Rico pertaining to general liability waivers. I hereby freely and voluntarily, without duress, execute the Release.** INITIAL \_\_\_\_\_

Parent/Guardian Name (print) \_\_\_\_\_ Dated \_\_\_\_\_

Child's name & age \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phones (H) \_\_\_\_\_ (W) \_\_\_\_\_ Emergency \_\_\_\_\_

Witness Name (print) \_\_\_\_\_ Witness Signature \_\_\_\_\_