

**ACKNOWLEDGEMENT OF RISK
ACCEPTANCE OF RESPONSIBILITY AND RELEASE OF LIABILITY**

Read it in its entirety. Fill in the blanks, sign and date at bottom. Fill out one release form per participant.

I, the undersigned, hereby acknowledge that I have voluntarily applied to engage in equine activity with Karen Bander, RN and/or Throwaway Ponies.

I understand that any activity involving horses involves numerous risks, including loss of control, collisions and obstacles, whether they are obvious or not obvious. I and/or my family further understand that an animal, irrespective of its training and usual past behavior and characteristics, may act or react unexpectedly or unpredictably at times, and I also assume such risks.

I understand that I may encounter variation in terrain, which may result in injury or damages. I acknowledge that these are my responsibility, and I assume the risk for these hazards, including breaks, growth, debris, rocks, cliffs and other hazardous surface or subsurface conditions and obstacles, whether they are obvious or not obvious, man made or natural.

I understand that animals are unpredictable and that the risk of injury is inherent to the activity. I agree to assume all risk of injury or death caused by horseback riding and being around equines, whatever the cause, except as provided by law.

As consideration for being permitted by Karen Bander to engage in equine activities either on the ground or horseback riding, I do hereby waive any claim and release Karen Bander and/or Throwaway Ponies and all owners, officers, members, affiliated organizations, land owners, agents and or employees from any injury or death caused by or resulting from my participation in the activity of horseback riding or any activity related to the care of equines.

I will not hold Karen Bander, Steven G. Bander, D.O. and/or Steven G. Bander, D.O.,P.A. (dba Bander Family Medical Clinic) or Throwaway Ponies liable for any injury or accident while on the property at 2368 E. FM 552, Rockwall, TX 75087 or while riding under the supervision of Karen Bander at any other facility or outdoor area or while on any horses owned by Karen or Mary Bander or Throwaway Ponies. This contract shall be legally binding upon my estate, assigns, legal guardians, my personal representatives, and me.

I have carefully read this agreement and fully understand the concerns. I am aware that I am releasing certain legal rights that I otherwise may have, and I enter into the contract on behalf of myself and/or my family of my own free will.

THIS IS A RELEASE OF LIABILITY. DO NOT SIGN OR INITIAL THIS RELEASE IF YOU DO NOT UNDERSTAND OR DO NOT AGREE WITH ITS TERMS.

If under 18 years of age, signature of parent or guardian is required.

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

Printed Name of Participant: _____ D.O.B. _____ Age: _____

Signature of Participant: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

Parent or Guardian if under age 18 (Both parents must sign)

Printed Name of Parent or Guardian: _____ Relationship _____

Address: _____ City _____ Zip: _____

Cell Phone: _____ Home Phone: _____

E-mail: _____