

W4985 Co Rd FF Elkhart Lake, WI 53020

VISITOR / VOLUNTEER RELEASE OF LIABILITY, WAIVER OF CLAIMS AND EXPRESS ASSUMPTION OF RISK

I, ______, do hereby acknowledge that I am fully aware of the hazards and "inherent risks associated with equine activities" as defined by Wisconsin State Statutes 895.481 at Amazing Grace Equine Sanctuary of which I am about to participate in either as a visitor or volunteer

I understand that horses are dangerous animals – regardless of their previous training and past performance – their reactions to sound, movements, unfamiliar environment, objects, persons or animals are unpredictable. I understand that horses can run, kick, bite, buck, rear, fall, shy, stumble, trample, make unpredictable movements, spook, jump, butt, step on a persons feet, push or shove without warning or apparent cause.

I understand that equine activities and equipment used on and around horses are dangerous and there is a significant risk of serious injury with potential for broken bones, severe injuries to the head, neck and back which could result in permanent disability and even death.

"Inherent hazards and risks of participating in equine activities" as determined by Wis Stats 895.481 (e) at Amazing Grace Equine Sanctuary include but are not limited to:

- 1. The propensity of an equine to behave in a way that may result in injury or death to a person on or near it.
- 2. The unpredictability of an equine's reaction to a sound, movement or unfamiliar object, person or animal.
- 3. A collision with an object or another animal.
- 4. The potential for a person participating in an equine activity to act in a negligent manner, to fail to control the equine or to not act within his or her ability.
- 5. Natural hazards, including surface and subsurface conditions of the grounds.`
- 6. Possible equipment failure or malfunction
- 7. My own negligence or the negligence of others including the owners/operators, agents, volunteers and visitors of Amazing Grace Equine Sanctuary
- 8. Cold weather and heat related injuries and illness including but not limited to frostnip, frost bite, heat exhaustion, heat stroke, sunburn, hypothermia and dehydration
- 9. Attack by or encounter with insects, wild animals, barn cats or dogs that may be present at the sanctuary.

In consideration of being permitted to participate at Amazing Grace Equine Sanctuary,

I hereby attest to the fact that with respect to any and all injury, disability, death or loss or damage to person or property, I am covered by my own medical, disability, life and property insurance or in the absence of insurance I will be personally liable for any and all associated costs.

I hereby release and hold harmless with respect to any and all injury, disability, death or loss or damage to person or property, whether caused by negligence or otherwise, namely, John Groth and Erin Kelley-Groth, owners and operators of Amazing Grace Equine Sanctuary and the officers, directors, employees, representatives, agents visitors and volunteers of Amazing Grace Equine Sanctuary from any liability and responsibility whatsoever and for any claims or causes of action that I, my estate, heirs, survivors, executors or assigns may have for personal injury, property, damage or wrongful death arising from the above activities whether caused by active or passive negligence or otherwise.

By entering into this agreement, I am not relying on any oral or written representation or statements made other than what is set forth in this agreement. This agreement shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall be enforceable.

I have read this release of liability, waiver of claims and assumption of risk agreement, and I fully understand its terms, and understand that I have given up legal rights by signing it and I sign it freely and voluntarily without any inducement.

Signature of Participant	Print Name of Participant	Date
For participants of minority age:		
	ardian with legal responsibility for this participar at Amazing Grace Equine Sanctuary. I release ar	
	ies incident to my child /wards involvement in th	•

Name of Minor Participant

Birth date of Minor

Signature of Parent / Guardian

Print Name of Parent / Guardian

Date

CONTACT INFORMATION

Name:	
Street:	
City, State, ZIP:	
e-mail:	
home phone:	
cell phone:	

EMERGENCY CONTACT

Name:		
Relationship to Participant:		
Cell phone:		
Alternate phone:		
L.		



I, ______, do hereby acknowledge that I have read, understand and agree to the following:

1) I acknowledge that as a horse rescue, each animal has differing personalities and/or issues that I may have not encountered before. _____

2) I acknowledge that until I am authorized to work in certain paddocks...I might be limited in the beginning of my training.

3) I acknowledge that AGES is NOT a riding facility and that only the trainer and experienced handlers will be working with horses.

4) I acknowledge that AGES is a working farm that expects it's volunteers to follow through on their work.

5) I acknowledge that although I may have some experience with horses in my past, some AGES horses have very special needs and I might not be able to interact with them,_____

6) I acknowledge that volunteering at AGES does not allow bringing along friends or family unless it is specifically Visitors Day.

7) I acknowledge that mucking is my primary duty here at AGES and visiting/grooming time with horses is secondary.

8) I acknowledge that if	a child or grandchild goes	s through Orientation	with me, that the	y must (if under :	14) work
alongside with you the a	adult - at all times				

9) I acknowledge that I will not bring any child to orientation or to volunteer UNDER the age of 8 years old.

Signature of Participant

Print Name of Participant

Date