

**Hope Lives Rescue Ranch and  
Russell and Emily Reichman Liability Release**

Rider Name: \_\_\_\_\_ Guardian: \_\_\_\_\_

Phone number(s) in case of emergency: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Liability Release**

\*Under the Illinois Equine Activity Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from the risk of equine activities. Under Illinois Law, an equine activity sponsor or equine professional or contracted labor is not liable for injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

1. I, \_\_\_\_\_, the undersigned have read and understand, and freely and voluntarily enter into this Release and Hold Harmless Agreement with Hope Lives Rescue Ranch and Russell and Emily Reichman (heretofore referred to as "The Reichmans") understanding that this Release and Hold Harmless Agreement is a waiver of any and all liability(ies).

2. I have read and fully understand the statement posted above.\*

3. I understand the potential dangers that I could incur in mounting, riding, walking, said horse; including, but not limited to, any interactions with other horses. Understanding those risks I hereby release Hope Lives Rescue Ranch, The Reichmans, and anyone else directly or indirectly connected with Hope Lives Rescue Ranch or The Reichmans from any liability whatsoever in the event of injury or damage of any nature (or perhaps even death) to me or anyone else caused by or incidental to my electing to mount and ride a horse.

4. I understand and recognize and warrant that this Release and Hold Harmless Agreement is being voluntarily and intentionally signed and agreed to, and that in signing this Release and Hold Harmless Agreement I know and understand that this Release and Hold Harmless Agreement may further limit the liability of equine professionals beyond that statutorily provided by the above referenced EALA; to include any activity, whatsoever, involving an equine, including death, personal injury and/or damage to property.

5. I recognize and agree that I know which equine professional(s) I will be working with, and acknowledge that I agree said equine professional(s) has/have made reasonable and prudent efforts to determine my ability to engage in the equine activity, and has/have sufficient knowledge of my equine and horseback riding skills as to relieve, release and hold harmless said equine professional(s) from any continuing duty to monitor my equine activities.

6. I further voluntarily agree and warrant to Release and Hold Harmless this (these) equine professional(s) from any liability whatsoever, including, but not limited to, any incident caused by or related to said equine professional's(s') negligence, relating to injuries known, unknown, or

otherwise not herein disclosed; including, but not limited to, injuries, death or property damage from: mounting; riding; dismounting; walking; grooming; feeding; use of horse barn, paddock, trails or horse ring, in any capacity; falling off horse whether horse is bucking, flipping, spooked; or my failure to understand any equine professional's directions relating to my riding or otherwise use and control, or lack thereof, of my horse or the horse I have been assigned to.

7. I have read the Reichman Ranch Rules and agree to comply with them.

**NOTICE: An ASTM/SEI approved helmet is REQUIRED while riding.**

Initial \_\_\_\_\_

### **Photo Release**

I hereby grant and authorize Hope Lives Rescue Ranch the right to take, edit, alter, copy, exhibit, publish, and/or use any pictures or video taken of me to for promotional materials.

I understand that these materials shall become the property of Hope Lives Rescue Ranch and shall not be returned to me.

Initial \_\_\_\_\_

### **Cancellation Policy**

I agree to notify Hope Lives Rescue Ranch of any conflict to scheduled sessions for my student at least 24 hours in advance. I understand the first missed session without notification will result in a verbal reminder of this policy and a second missed session without notification will result in disqualification from the program.

Initial \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

If minor, person representing himself/herself to the lawful Guardian under this Release and Hold Harmless Agreement:

Guardian Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Guardian: \_\_\_\_\_

Printed Name of Minor: \_\_\_\_\_