

Four Star Farm

General Release and Hold Harmless Agreement

26812 118th Ave E, Graham, WA 98338

www.kidsfourstarfarm.com

253-320-9591

The parties to this agreement are the applicant (or parents of) the undersigned as "Releaser", and Four Star Farm it's successors, heirs, employees, agents, teachers, trainer and/ or assigns.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell Phone: _____

Email: _____ Birthdate: _____

Name of parent or guardian: _____

Address, City, State, Zip _____

Telephone: _____ Cell Phone: _____

Physicians name and phone # _____

General Release and Hold Harmless

Please read carefully, this is a legally binding agreement

In consideration of being allowed to ride, and/or participate in Equine Assisted Psychotherapy/ Learning, I/ we hereby agree to assume all responsibility and risk known and unknown from such participation in equestrian activities at Four Star Farm and further agree to defend, indemnify and hold Four Star Farm free and harmless from all damages or liability for any injury to any person or property arising as a result of this voluntary participation. I/We grant permission for Four Star Farm to take and use photos for advertising purposes ____ Initials

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I/We recognize that riding and being around **horses are inherently dangerous activities**, and I/We assume the risks involved known and unknown. I/We hereby release this stable from any and all liability due to this stable's ordinary negligence. **Except in the event of this stable's gross and willful negligence, I shall bring no claims, demands, actions and causes of action, and/ or litigation, against this stable for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of this stable, including while riding, handling, or otherwise being near horses owned by or in the care, custody and control of this stable.**

Further, I/We understand that negligence is difficult and costly to prove or disprove, and I/We intend this release/ hold harmless to protect Four Star Farm from a claim of negligence, and agree not to bring about lawsuit (sue) Four Star Farm even if I/We believe I/We have damaged or injured as a result of negligence by Four Star Farm. I/We promise not to sue and not to bring any counterclaim or third party claim against Four Star Farm.

I/We am/are giving up certain legal rights in this document. I/We do so voluntarily because I/We understand that this is an absolute requirement for me and/or my child(ren) to use the facilities and services of Four Star Farm.

Date: _____ Signature of Applicant: _____

Signature of parent or guardian _____

(If applicant is under the age of 18)

Medical Consent

The undersigned, parents of applicant, a minor, or the applicant themselves do hereby consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor or yourself under the general or specific instructions of any physician or hospital. It is understood that this consent is given in advance of any specific diagnosis or treatment which may be required, but is given to encourage Four Star Farm staff, hospital staff, and such physician to exercise their best judgment as to the requirements of such diagnosis or treatment. The undersigned shall pay all fees and costs incurred for doctors, hospitals, ambulances and other medical charges necessary.

Date: _____ Signature of Applicant: _____

Signature of Parent/ Guardian: _____

(If applicant is under the age of 18)