

Hope's Promise

Therapeutic Riding Program

Chester, New Jersey

973.714.8410

Client/Volunteer Liability Release

I/my son/my daughter/my ward would like to participate in the Hope's Promise, LLC program(s). I acknowledge the risks and potential risks of engaging in horseback riding activities, as well as activities in close proximity to horses.

The Equine Activity Liability laws of the State of New Jersey, 5:15-3, state among its statutory provisions that "WARNING: UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT TO P.L. 1997, C.287 (C.5:15-1 et seq).

I feel that the possible benefits to me/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors and/or administrators, waive and release forever all claims for damages against Hope's Promise, LLC, its instructors, and/or volunteers for any and all injuries, and/or losses I/my child/my ward may sustain while participating in activities at Hope's Promise.

Print Name: _____

Date: _____

Parent(s)/Client/Legal Guardian consent signature: _____

Parent(s)/Client/Legal Guardian consent signature: _____