



Release of Liability Form – Equine

Participant Name _____ Birthdate _____

Parent/Guardian Name (if under 18) _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Please initial each item below to acknowledge that you have read, understand, and agree to the stated terms and conditions.

_____ Ironwood Springs Christian Ranch, its officers, directors, agents, representatives, employees, volunteers, successors, and affiliates (hereinafter, "Ironwood") has granted permission for the above named person to participate in equine activities at Ironwood. As an adult or the parent or legal guardian having control or custody of this person, I hereby grant permission for this person's alleged participation.

_____ I am aware that there are inherent risks, dangers, and hazards associated with equine activities and that injuries resulting from these risks are common. These include, but are not limited to:

- a) Equine behavior that may result in injury or death to persons on or near them, such as kicking, biting, backing, or colliding with other animals and/or objects.
- b) Unpredictable reactions to sounds, sudden movements, unfamiliar objects, persons, other animals, and environmental hazards such as surface or subsurface conditions.
- c) Negligent behavior of other participants that may contribute to self-injury or injury of others, including failure to exercise reasonable control over an animal.

_____ After consideration of the risks associated with equine activities, I believe the benefit to the above named person is greater than the risk assumed. On behalf of myself, my heirs, executors, administrators and assigns, I do hereby agree to hold harmless, indemnify and defend Ironwood from any and all liability for injury or damage including, but not limited to, bodily injury, personal injury, emotional injury, property damage, or death, which may result from any person participating in equine activities at Ironwood and/or using Ironwood facilities, its premises, its entrances and exits, and surrounding areas, regardless of whether said incident results from the negligence of Ironwood or otherwise.

_____ I am aware that Ironwood is covered under Minnesota Statute Section 604A.12 (2015), which states that a nonprofit corporation, association, or organization, or a person or other entity donating services, livestock, facilities, or equipment for the use of a nonprofit corporation, association, or organization, is not liable for the death of or an injury to a participant resulting from the inherent risks of livestock activities.

_____ In the event that emergency medical treatment is required due to illness or injury resulting from participation in equine activities or one's presence on Ironwood property, I authorize Ironwood to secure and retain medical treatment and transportation, if needed, and to release client records upon request to the authorized individual or agency involved in the medical treatment. This authorization includes x-rays, surgery, hospitalization, medication, and any treatment deemed "life-saving" by the physician or medical administrator. This provision will be invoked if the above named person is unable to communicate on behalf of self.

_____ I grant Ironwood permission to use comments, photographs, and/or video images of this person for the purpose of marketing, publicizing and promoting. I waive any right to be compensated for the use of the participant's comments and/or image and release Ironwood from liability for any claims.

_____ I understand that use of a helmet is *required* for all riders under the age of 18. I further understand that riders 18 years of age and older can choose not to wear a helmet, but that it is *highly recommended* for the safety of all riders.

_____ I certify that I am at least 18 years of age and have refused use of a helmet.

Participant Signature (parent/guardian if under 18) _____ **Date** _____