**SHAW FARMS EQUINE & THERAPEUTIC CENTER “SFETC”**

**WAIVER OF LIABILITY AND CONSENT FOR INDIVIDUALS TO PARTICIPATE**

**IN SHAW FARMS EQUINE & THERAPEUTIC CENTER PROGRAMS**

I hereby grant consent for the undersigned Equine Activity Participant (as such term is defined in Ohio Revised Code 2305.321, Section A(3) and referred herein as “Participant”) to participate in the **SHAW FARMS EQUINE & THERAPEUTIC CENTER.** In addition, this document constitutes a written Waiver of Liability, as defined and described in Ohio Revised Code 2305.321, Sections C(1) and C(2), for the benefit of the SHAW FARMS EQUINE & THERAPEUTIC CENTER Inc., according to the Ohio hose bill 564, Equine activity, sponsor, equine and/or property owner is not liable for any damages suffered during an equine activity on the SFETC premises. A horse is a large animal and may be unpredictable and dangerous at times and Extreme caution should be taken in their presence. Participants, observers, volunteers, attendees assume the inherent risks of equine activities. SFETC and It’s Affiliates and its duly Authorized Agents. Pursuant to Ohio Revised Code 2305.321, section C(2)a, the undersigned acknowledge that there are inherent risks associated with Equine Activities including, but not limited to:

* The property of an Equine to behave in ways that may result in injury, death or loss to persons on or around the Equine;
* The unpredictability of an Equine’s reaction to sounds, sudden movement, unfamiliar objects, persons or other animals;
* Hazards including but not limited to, surface or subsurface conditions;
* A collision with another Equine, another animal, a person or an object;
* The potential of an Equine Activity Participant to act in a negligent manner that may contribute to injury, death or loss to the person of the participant or to other persons, including but not limited to, failing to maintain control over an Equine or failing to act within the ability of the Participant.
* I further voluntarily agree and warrant to release and hold harmless this Shaw Farms Equine & Therapeutic Center and **all** its affiliates from liability whatsoever, including but not limited to, any incident caused by or related to Shaw Farms Equine & Therapeutic centers negligence, relating to injuries known, unknown, or otherwise 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 professionals directions relating to riding or otherwise use and control, or lack of thereof, of my horse or the horse I have been assigned to. I understand I am also holding harmless Shaw Farms Equine & Therapeutic Center and **ALL** of its affiliate for any minors or persons that I am a lawful guardian or attendee by my invitation to this event.

I have read and understand the above inherent risks, have had the opportunity to have my questions answered, and understand the potential benefits and alternatives to this activity.

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Participant’s/ Guardian Signature Date

Participant’s Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete section below if Participant is under Guardianship.

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Guardian Signature (If different from authorized signature) Date

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Guardian Printed Name