

HUNKAPI

Hunkapi Horse Programs, AZ

WAIVER AND RELEASE FORM

(Check One) VOLUNTEER RIDER NON-RIDING PARTICIPANT

Name: _____ Date of Birth: _____

Parent(s)/Guardian(s)(if applicable): _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

_____ I give permission for my child/my ward to participate in horseback riding and/or other program activities operated by the HUNKAPI PROGRAMS INC.

_____ I give permission for HUNKAPI PROGRAMS INC. personnel to take photos of me/my child/my ward for the personal file that is maintained by HUNKAPI PROGRAMS INC. I understand that public event photos may be taken while I/my child/my ward are participating and consent to the use of these photos for community awareness purposes.

_____ I agree to assume all risks that may result in injury to me/my child/my ward or any other person while volunteering, participating, or observing HUNKAPI PROGRAMS INC activities. I understand that unexpected events may occur while I/my child/my ward is volunteering for, participating in, or observing these activities. It is my express intent that this entire agreement shall bind the members of my family, my spouse, my heirs, assigns and personal representatives.

_____ I agree that in consideration for allowing participation in horseback riding and/or other program activities operated by HUNKAPI PROGRAMS INC, I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, HUNKAPI PROGRAMS INC and its members, officers, servants, agents, volunteers and employees, and the owners and operators of all facilities utilized by HUNKAPI PROGRAMS INC in the provision of services and program activities (hereinafter HUNKAPI PROGRAMS INC), from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorneys' fees and expenses, that may be sustained while participating in or observing such activities, while traveling to or from such activities, or while on the premises owned or leased by HUNKAPI PROGRAMS INC, including injuries sustained as a result of the sole, joint, or concurrent negligence per se, statutory fault, or strict liability of HUNKAPI PROGRAMS INC. I understand that this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

_____ I understand that *UNDER ARIZONA STATE LAW, AN EQUINE OWNER OR AGENT IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES PURSUANT TO ARIZONA REVISED STATUTES 12-553.*

_____ I understand that participation is voluntary.

PARTICIPANT/GUARDIAN SIGNATURE _____

DATE _____

