

## P.O. Box 872032 Wasilla, AK 99687 Phone: (907) 373-7716

Email: info@stridealaska.org

## RELEASE OF LIABILITY ADULT VOLUNTEER

## PLEASE READ CAREFULLY - THIS LIMITS OUR LIABILITY

the Ridge. As used in this Release Russell Roetman and the property, the directors and officers of South itself and any person providing compensation. I sign this Release is a volunteer assisting in equine as acting as a sidewalker or leader of from horses, grooming or tacking	wish to participate as a volunteer in equine assisted ucted by Southcentral Therapeutic Riding, Inc., (STRIDE) at the term Ridge, stands for Kristin Vernola, David Vernola, premises where the activities take place. "STRIDE" refers to central Therapeutic Riding, Inc., as well as the corporation services on behalf of the corporation, with or without a consideration of STRIDE consenting to my participation as sisted and related activities. Such assistance may involve f horses, assisting clients of STRIDE to mount or dismount horses, organizing equipment, and similar activities. I have articipate as a volunteer for STRIDE and understand that tion for such participation.
(Initials indicate I have	read the foregoing paragraph)
of sufficient seriousness to cause internal organs, broken bones, lace or other aspects of the musculo-ski include, but are not limited to, fall horses stepping on or colliding wit resources to assure that the riding	es described above all involve the risk I will sustain injuries death, brain or neurological damage, paralysis, injury to rations, or other injuries to bones, joints, ligaments, muscles, eletal system. Such injuries can result from occurrences that is from horseback, horses kicking or biting, or one or more in me. I also recognize that STRIDE and the Ridge lack the arena or other areas on the premises of the Ridge are free and that this situation also creates a risk of injury.
(Initials indicate I have	read the foregoing paragraph)

I am also aware of the fact that there are numerous dogs, horses and cows kept on the premises of the Ridge and that I will inevitably come in contact with some or all of these creatures when engaged in activities on those premises. I understand that, as a result, I face a risk of injury resulting from bites and scratches which could take the form of lacerations of puncture wounds or, in unusual situations, injuries of sufficient severity to cause permanen incapacitation, chronic pain, or death.
(Initials indicate I have read the foregoing paragraph)
I wish to participate in the volunteer activities described in the first paragraph of this release with full knowledge of the risks of death or injury described above. I agree that, in the event I suffer an injury arising out of or connected with the activities described in the firs paragraph of this Release, I will not sue or otherwise make any claim or demand fo compensatory or punitive damages against STRIDE or the Ridge and will hold STRIDE and the Ridge harmless from any such suit, demand, or claim.
(Initials indicate I have read the foregoing paragraph)
I agree to indemnify, defend, and hold harmless STRIDE and the Ridge from any suit demand, or claim asserted by or on behalf of a third person arising out of or connected with my conduct on the premises of the Ridge.
(Initials indicate I have read the foregoing paragraph)
I HAVE READ THIS RELEASE AND FULLY UNDERSTAND IT IS A BINDING LEGAL DOCUMENT.
Dated:
Signature: