



ACKNOWLEDGEMENT OF RISK  
ACCEPTANCE OF RESPONSIBILITY  
RELEASE OF LIABILITY

This document affects your legal rights. You must read and understand it before initialing or signing.

**DUTY OF PARTICIPANTS:** It is recognized that some recreational activities conducted by Adirondack Equine Assisted Psychotherapy, LCSW and Haven Oaks Farm are hazardous to participants regardless of all feasible safety measures which we can take. All participants shall have a duty to act as a reasonably prudent person when engaging in the recreational activities which are offered by Adirondack Equine Assisted Psychotherapy, LCSW and Haven Oaks Farm, referred to hereafter as AEAP/Haven Oaks, I hereby covenant and agree not to:

- (a) On any act which shall interfere with the running or operation of AEAP/Haven Oaks Farm when such activities conform to the rules and regulations of the State of **New York**;
- (b) Use any of AEAP/Haven Oaks Farm equipment or facilities or services if I do not have the ability to use such facilities, equipment, or services safely without instruction until I have requested and received sufficient instruction to permit safe usage;
- (c) Engage in any harmful conduct or willfully, or negligently engage in any type of conduct which contributes to as causes injury to any person.
- (d) To embark in any self-initiated activity without first informing AEAP/Haven Oaks Farm of my intentions and receiving permission from AEAP/Haven Oaks Farm to engage in such self-initiated activity.

**ACKNOWLEDGEMENT AND ACCEPTANCE OF RISK:** I understand and acknowledge that the activity which I am about to voluntarily engage in as a participant and/or volunteer bears certain known risks and unanticipated risks which could result in injury, death, illness or disease, physical or mental, or damage to myself, to my property, or to spectators or other third-parties. I, being aware that this activity entails risks or injuries to myself and a risk or injury to spectators or third-parties as a result of my actions, expressly agree, covenant and promise to accept and assume all responsibility and risk of injury, death, illness, or disease, or damage to myself or to my property arising from participation in this activity. I also agree to pay for any damages caused to others (including attorney's fees and costs) if they are injured or otherwise damaged due to any negligent actions. My participation in this activity is purely voluntary; no one is forcing me to participate, and I elect to participate in spite of the known and unknown risks.

**RELEASE:** In consideration of the services and/or property provided, I, for myself and any minor children for which I am the parent, legal guardian, or otherwise responsible, any heirs, personal representative, or assigns, do hereby release AEAP/Haven Oaks Farm, its principals, directors, officers,

Initials\_\_\_\_\_

agents, employees, and volunteers from any liability and waive any claim for damages arising from any cause whatsoever (except that which is gross negligence). I further agree to reimburse you for all attorney's fees and costs should I bring a legal action against you and lose.

ENTIRE AGREEMENT: I understand that this is the entire Agreement between myself and AEAP/Haven Oaks Farm, its agents or employees, and that it cannot be modified or changed in any way by the representations or statements of any employee of AEAP/Haven Oaks Farm or by me.

ASTM / SEI certified equestrian **helmets** are required for ALL MOUNTED work.

Please initial your preference for the following:

\_\_\_\_\_ I/my child WILL wear a helmet for ALL GROUND work

\_\_\_\_\_ I/my child WILL NOT wear a helmet for ALL GROUND work

My signature below indicated that I have read this entire two-page document, understand it completely and agree to be bound by its terms.

DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARTICPANTS

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN  
(IF PARTICIPANT IS UNDER AGE OF 18)

ACKNOWLEDGEMENT OF RISK ACCEPTANCE OF RESPONSIBILITY, RELEASE OF  
LIABILITY