

W4985 Co Rd FF Elkhart Lake, WI 53020

## VISITOR / VOLUNTEER RELEASE OF LIABILITY, WAIVER OF CLAIMS AND EXPRESS ASSUMPTION OF RISK

١,						, do her	eby	acknow	led	ge that I am	fully	aware of	the haza	ards
and	"inherent	risks	associated	with	equine	activities"	as	defined	by	Wisconsin	State	Statutes	895.482	L at
Ama	zing Grace	Equi	ne Sanctuar	y of w	hich I ar	m about to	par	ticipate i	in ei	ither as a vi	sitor o	r volunte	er	

I understand that horses are dangerous animals – regardless of their previous training and past performance – their reactions to sound, movements, unfamiliar environment, objects, persons or animals are unpredictable. I understand that horses can run, kick, bite, buck, rear, fall, shy, stumble, trample, make unpredictable movements, spook, jump, butt, step on a persons feet, push or shove without warning or apparent cause.

I understand that equine activities and equipment used on and around horses are dangerous and there is a significant risk of serious injury with potential for broken bones, severe injuries to the head, neck and back which could result in permanent disability and even death.

"Inherent hazards and risks of participating in equine activities" as determined by Wis Stats 895.481 (e) at Amazing Grace Equine Sanctuary include but are not limited to:

- 1. The propensity of an equine to behave in a way that may result in injury or death to a person on or near it.
- 2. The unpredictability of an equine's reaction to a sound, movement or unfamiliar object, person or animal.
- 3. A collision with an object or another animal.
- 4. The potential for a person participating in an equine activity to act in a negligent manner, to fail to control the equine or to not act within his or her ability.
- Natural hazards, including surface and subsurface conditions of the grounds.`
- 6. Possible equipment failure or malfunction
- 7. My own negligence or the negligence of others including the owners/operators, agents, volunteers and visitors of Amazing Grace Equine Sanctuary
- 8. Cold weather and heat related injuries and illness including but not limited to frostnip, frost bite, heat exhaustion, heat stroke, sunburn, hypothermia and dehydration
- 9. Attack by or encounter with insects, wild animals, barn cats or dogs that may be present at the sanctuary.

In consideration of being permitted to participate at Amazing Grace Equine Sanctuary,

I hereby attest to the fact that with respect to any and all injury, disability, death or loss or damage to person or property, I am covered by my own medical, disability, life and property insurance or in the absence of insurance I will be personally liable for any and all associated costs.

I hereby release and hold harmless with respect to any and all injury, disability, death or loss or damage to person or property, whether caused by negligence or otherwise, namely, John Groth and Erin Kelley-Groth, owners and operators of Amazing Grace Equine Sanctuary and the officers, directors, employees, representatives, agents visitors and volunteers of Amazing Grace Equine Sanctuary from any liability and responsibility whatsoever and for any claims or causes of action that I, my estate, heirs, survivors, executors or assigns may have for personal injury, property, damage or wrongful death arising from the above activities whether caused by active or passive negligence or otherwise.

By entering into this agreement, I am not relying on any oral or written representation or statements made other than what is set forth in this agreement. This agreement shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall be enforceable.

	er of claims and assumption of risk agreement, a at I have given up legal rights by signing it and I	•
Signature of Participant	Print Name of Participant	Date
For participants of minority age:		
child / wards participation in activities at	ian with legal responsibility for this participant, d Amazing Grace Equine Sanctuary. I release and ir incident to my child /wards involvement in these	ndemnify the above
Name of Minor Participant	Birth date of Minor	
Signature of Parent / Guardian	Print Name of Parent / Guardian	Date
	CONTACT INFORMATION	
Name:		
Street:		
City, State, ZIP:		
e-mail:		
home phone:		
cell phone:		
	EMERGENCY CONTACT	
Name:		
Relationship to Participant:		
Cell phone:		
Alternate phone:		



l, agree to the following:	, do hereby acknowledge that I hav	e read, understand and
I acknowledge that as a horse rescue, eac encountered before.	ch animal has differing personalities and/or issues that	I may have not
I acknowledge that until I am authorized training	to work in certain paddocksI might be limited in th	e beginning of my
3) I acknowledge that AGES is NOT a riding horses.	facility and that only the trainer and experienced har	ndlers will be working with
4) I acknowledge that AGES is a working far	rm that expects it's volunteers to follow through on t	heir work.
5) I acknowledge that although I may have needs and I might not be able to interact wi	some experience with horses in my past, some AGES ith them,	horses have very special
6) I acknowledge that volunteering at AGES Day.	does not allow bringing along friends or family unles	ss it is specifically Visitors
7) I acknowledge that mucking is my prima	ry duty here at AGES and visiting/grooming time with	ာ horses is secondary.
8) I acknowledge that if a child or grandchil alongside with you the adult - at all times.	d goes through Orientation with me, that they must	(if under 14) work
9) I acknowledge that I will not bring any ch	nild to orientation or to volunteer UNDER the age of 8	3 years old
Circuit and Particles of	Dist Nove of Bodiston	
Signature of Participant	Print Name of Participant	Date