



# BUTTERFLY DREAMS FARM

THERAPEUTIC RIDING PROGRAM, INC.

P.O. Box 622 | Watkinsville, GA 30677

www.butterflydreamsfarm.org



## WARNING

**Under Georgia law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 12 of Title 4 of the Official Code of Georgia Annotated.**

FOR AND IN CONSIDERATION OF the mutual promises, covenants, conditions, representations, and warranties contained herein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, it is agreed as follows:

The undersigned hereby releases and forever discharges Butterfly Dreams Farm Therapeutic Riding Program, Inc., its agents, employees, officers, directors, representatives, affiliates and assigns (collectively referred to herein as "Butterfly Dreams") from any and all claims, demands, actions, causes of action or suits of any kind arising out of any injuries, known or unknown, which have resulted or may in the future result from any equine or associated activities taking place in connection with the Butterfly Dreams' riding programs or on Butterfly Dreams' property.

The undersigned further agrees to indemnify and hold Butterfly Dreams harmless from any and all claims, damages, losses, injuries, expenses, causes of action and legal liability, whether known or unknown, anticipated or unanticipated, arising out of or resulting from equine or associated activities in which the undersigned participates. The undersigned further agrees, promises and covenants not to sue Butterfly Dreams for any and all actions, causes of action, claims or damages, damages in law or remedies in equity of whatever kind, including the negligence of Butterfly Dreams or myself, my family, or my heirs and assigns, arising out of the equine or associated activities in which I participate.

I am aware that any activities involving horses, because of the nature of horses, the facility, and program activities, is hazardous and I am voluntarily participating or allowing my minor child to participate or volunteer (if applicable) in these activities with knowledge of the danger involved, and hereby agree to accept any and all risks of injury or death.

LIABILITY RELEASE FORM	
Participant Name:	( ) Rider ( ) Volunteer ( ) Staff
Signature <i>(or signature of parent/ guardian if under 18yrs old)</i> :	
Print Signed Name:	Date: