



ACCESS ADVENTURE

Challenging the Limits of Disability

P. O Box 2852
Fairfield, CA 94533
707-432-0152
Fax 707-432-0151

Release of Liability

Name: _____

I acknowledge that Equine Facilitated Therapeutic Activities carry inherent risks to myself and/or my property. I knowingly assume all risks, whether known or unknown, of equestrian activities. I release Access Adventure from all liability for any act of negligence on the part of the organization or any of its agents.

I hereby, intending to be legally bound, for myself, my heirs and assigns, executors, or administrators, waive and release forever Access Adventure, its Board of Directors, Instructors, Therapists, Aides, Volunteers, and/or Employees for any/or all injuries and/or losses, claims, demands, and/or causes of action, including court costs and actual attorney fees arising from any proceeding or lawsuit brought by or prosecuted for my benefit, in which this release is upheld.

I expressly waive any rights I may have under California Civil Code 1542, which states: "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor".

I hereby acknowledge that I have read this Release of Liability and know and understand its contents.

Signature: _____ Date: _____

Print Name: _____

PARENT OR LEGAL GUARDIAN MUST SIGN FOR MINOR CHILDREN

I, the undersigned parent/guardian of _____ on consideration of my child's participation with Access Adventure, agree that the terms and conditions of the Release of Liability shall be binding as to damage or injury to my child and/or property; arising out of his/her participation with Access Adventure.

I hereby acknowledge that I have read this Release of Liability and know and understand its contents.

Signature: _____ Date: _____

Print Name: _____