



EQUINE LIABILITY RELEASE AND INDEMNITY AGREEMENT

TO BE READ AND SIGNED BY PARENT/LEGAL GUARDIAN (OR PARTICIPATING INDIVIDUAL, IF 18 YEARS OLD OR OLDER) BEFORE PARTICIPATING IN EQUINE ACTIVITIES FROM SHOSHONE BASE CAMP.

I, _____ (print full name), have requested on my or my child's/ward's behalf to participate or allow my child/ward, _____ (print child's full name), to participate in an equine activity from Shoshone Mountain Retreat as part of an event sponsored by Lutherhaven Ministries. As a condition of participating in this activity, I, the undersigned, do hereby agree on my or my child's/ward's behalf to the following:

I **understand** that my or my child's/ward's participation in any activity involving horses can expose me or my child/ward to dangers both from known risk and unanticipated risk which may result in my or my child's/ward's bodily harm, severe injury, property damage, or death. Acknowledging that such risks exist and that I am not relying on Lutherhaven Ministries to list all possible risks to the participant, I hereby release and discharge Lutherhaven Ministries and its officers, agents, and employees from any and all claims or liability for personal injury, property damage or death I or my child/ward may incur as a result of participation in this activity, including, but not limited to, any claim arising out of any condition of the area in which the activity is held, condition of the horses used, or the conduct of any person in connection with the preparation of, supervision of, or conduct of the activity, whether planned or unplanned, in connection with the activity. I specifically agree on my or my child's/ward's behalf to release and do hereby release Lutherhaven Ministries and the officers, agents, and employees of Lutherhaven Ministries for any negligence of Lutherhaven Ministries or the officers, agents or employees of Lutherhaven Ministries. I further agree to indemnify and hold Lutherhaven Ministries harmless from any and all injuries or damages incurred by my child/ward in connection with equine activities.

I or my child/ward agree to comply with all rules and regulations of Lutherhaven Ministries. If I or my child/ward have any questions or concerns or observe any unusual or unnecessary hazard during my participation, I or my child/ward will immediately notify the nearest instructor, staff person or director of Lutherhaven Ministries.

I understand that under Idaho Code § 6-1802 an equine activity sponsor or professional may have immunity from liability for any injury to or the death of a participant or equine engaged in an equine activity. I understand that under certain circumstances an equine activity sponsor or professional may not be immune from liability; however, I, on behalf of myself or my child/ward, hereby waive any and all rights I or my child/ward have or may have to make any claim against Lutherhaven Ministries and/or any officers, agents and employees of Lutherhaven Ministries under Idaho Code § 6-1802.

I acknowledge that I have the opportunity to consult with an attorney regarding this Release, and I sign it of my own free will.

READ CAREFULLY! SIGNING THIS FORM AFFECTS YOUR OR YOUR CHILD'S/WARD'S LEGAL RIGHTS AND THE RIGHTS OF YOUR SUCCESSORS!

Participants Signature

AND

Date

Parent/Legal Guardian Signature if Participant is Under 18

Date

