

Raemelton Therapeutic Equestrian Center

WAIVER OF LIABILITY AND CONSENT FOR INDIVIDUAL TO PARTICIPATE IN RAEMELTON THERAPEUTIC EQUESTRIAN CENTER, INC. PROGRAM

I hereby grant consent for the undersigned equine activity participant (as such term is defined in Ohio Revised Code 2305.231, section (A)(3) and referred to herein as "Participant") to participate in the Raemelton Therapeutic Equestrian Center programs.

In addition, this document constitutes a written waiver of liability, as defined and described in Ohio Revised Code 2305.231, sections (C)(1) and (C)(2), for the benefit of the Raemelton Therapeutic Equestrian Center, Inc., its affiliates, and its duly authorized agents. Pursuant to Ohio Revised Code 2305.231, section (C)(2)(a), the undersigned acknowledge that there are inherent risks associated with equine activities including but not limited to:

- The property of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine;
- The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals;
- Hazards, including, but not limited to, surface or subsurface conditions;
- A collision with another equine, another animal, a person, or an object;
- The potential of an equine activity participant to unintentionally act in a manner that may contribute to injury, death, or loss to person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

I have read and understand the above inherent risks, have had the opportunity to have my questions answered, and understand the potential benefits and alternatives to this activity.

Participant's Signature

Date

Participant's Printed Name

Participant's Date of Birth

Please complete the section below if participant is a minor or under guardianship.

Parent's/Guardian's Signature

Date

Parent's/Guardian's Printed Name