



LIABILITY RELEASE

_____ (Volunteer's Name) would like to participate in the WALK ON! Therapeutic Riding program at Willow Wood Ranch. I acknowledge the risks and potential risks of working with and around horses. However, I feel that the possible benefits to myself/my son/ my daughter/ my ward, are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executor's or administrators, waive and release forever all claims for damages against Willow Wood Ranch, its Board of Directors, Instructors, Therapists, Aides, Horse Owners, Volunteers and/or Employees for any and all injuries and/or death I/ my son/ my daughter/ my ward may sustain while participating in Willow Wood Ranches therapeutic riding program.

WARNING- Under Texas law (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for any injury to or the death of a participant in equine activities resulting from inherent risks of equine activities.

Signature: _____ Date: _____
Volunteer, Parent, Legal Guardian