## Garden Springs Farm (GSF) LIABILITY RELEASE/ASSUMPTION OF RISK AGREEMENT/MEDIA RELEASE

In consideration of participation in the Horsemanship Programs provided by GSF, we, the undersigned, on behalf of minors and for ourselves, our personal representatives, heirs, next of kin, spouses and assigns, do hereby:

<u>RELEASE</u>: The Participant and/or the undersigned release and discharge GSF owners, instructor(s), and or volunteers from any liability of any nature for any property damage or personal injury suffered by the undersigned, or their horse, from any cause.

<u>INDEMNIFICATION</u>: The Participant and the undersigned agree to indemnify and hold GSF owners, instructor(s), and or volunteers harmless from liability for any claim of any nature arising from any activities of the undersigned.

In Other Words... By signing below you agree and understand that GSF owners, instructor(s), and or volunteers are not responsible for any accident, illness, or injury to you or your horse while participating in a GSF program. If you have a medical condition we need to be aware of, please let us know in advance.

## **MEDIA RELEASE:**

We may be photographing and/or videotaping portions of the activities you/your horse will be participating in. It is possible that some of it will be published in a newspaper, brochure, video, website, or other media. By signing below you are giving GSF/us permission to use such photos or video clips that may include you. *You can decline permission by checking this box:*  $\square$ 

## ALL RIDERS ARE REQUIRED TO WEAR APPROVED EQUESTRIAN HELMETS.

## \*NOTICE\*

Under Idaho law, an equine activity sponsor or equine professional shall not be liable for an injury to or death of a participant or equine engaged in an equine activity resulting from the inherent risks of equine activities. See *Idaho Codes* <u>6-1801</u> & <u>6-1802</u>, and summary (<a href="https://www.animallaw.info/statute/id-equine-activity-liability-chapter-18-equine-activities-immunity-act">https://www.animallaw.info/statute/id-equine-activity-liability-chapter-18-equine-activities-immunity-act</a>)

I (We) have read and agree to the above listed provisions and restrictions.		
Full/Legal Name of Participant		
Signature of Participant	Date	
(if Participant is a Minor), Full/Legal Name of Parent/Na	me and Relationship if Legal Guardian	
(if Participant is a Minor)	Date	

Signature of Parent or Legal Guardian (if Participant is a Minor)