



Release of Liability

I _____, hereby release and hold Lisa Kramer and all other employees and/or agents of Hope Farms Project harmless for any and all injury, death and or danger, real or imagined, that may occur while I am on the premises.

I recognize that all animal-assisted activities in general are dangerous with inherent risk of serious injury or damage, and that as a spectator or as a participant I may suffer injury or damage to me or my property. I fully understand injuries occur during training, lessons, grooming, sporting activities, walking and all animal activities. I assume full responsibility for any and all injuries, damage, or loss, to me or my property that may occur and do release and hold harmless, for my heirs, and me, Lisa Kramer, and all employees and/or agents of Hope Farms Project for any and all claims for injury, loss, damage, attorney fees and any and all other costs.

As a participant of animal-assisted activities, I acknowledge that I have personally inspected the property where I will be participating in programming, and I am aware of the conditions of the property and I accept those conditions, as is, and assume full responsibility for my own safety and the safety of my mount. **UNDER COLORADO LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES PURSUANT TO SECTION 13-21-119 COLORADO STATUTES.**

Participant Signature

Print Name

Date

If the signature above is a minor, a parent or guardian must sign below. A signature means the parent or guardian has fully explained this release to the minor and that both parent/guardian and the minor fully understand the contents of this release and that the parent/guardian and the minor accept this release as binding on themselves and their heirs

Parent/Guardian

Address

City/State

Phone Number

Emergency Contact: _____

Name

Relationship

Phone