

Strides Therapeutic Horsemanship Center

5426 N. Rd 68 Ste. D-204
Pasco, WA 99301
509-492-8000
Non Profit 501(c)(3) #20-8371068



VOLUNTEER LIABILITY RELEASE AND WAIVER FORM ADULT VOLUNTEER LIABILITY RELEASE FORM

This Volunteer Liability Release and Waiver Form (the "Release") is executed on this ____ day of _____, 2025, by the undersigned adult volunteer (the "Volunteer") in favor of Strides Therapeutic Horsemanship Center ("STHC"), its directors, officers, employees, volunteers, representatives, and agents (collectively, "Released Parties").

1. ASSUMPTION OF RISK

I understand that equine activities involve inherent risks, including but not limited to the unpredictability of horse behavior, the potential for injury, falls, and equipment failure. I acknowledge these risks and voluntarily agree to participate in activities at STHC.

2. RELEASE AND WAIVER OF LIABILITY

I, on behalf of myself, hereby release, discharge, and hold harmless the Released Parties from any and all claims, liabilities, demands, causes of action, damages, or expenses arising from or related to my participation in activities at STHC, including but not limited to any personal injury, property damage, or death, whether caused by negligence or otherwise.

3. INDEMNIFICATION

I agree to indemnify and hold harmless the Released Parties from any and all claims brought by or on behalf of myself as a result of participation in STHC activities.

4. WASHINGTON STATE EQUINE LIABILITY ACT NOTICE

Pursuant to RCW 4.24.530 and 4.24.540: "An equine activity sponsor or equine professional shall not be liable for an injury to or the death of a participant engaged in an equine activity, and no participant or participant's representative shall make any claim against, maintain an action against, or recover from an equine activity sponsor or equine professional for injury, loss, damage, or death of the participant resulting from any inherent risks of equine activities."

5. MEDICAL AUTHORIZATION

In the event of an emergency, I authorize STHC to seek emergency medical treatment on my behalf. I understand I am responsible for any medical costs incurred.

6. PHOTO RELEASE (Optional)

I DO DO NOT grant permission for STHC to use photographs/videos of me for promotional, educational, or fundraising purposes.

7. SEVERABILITY

If any provision of this Release is found to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

8. ACKNOWLEDGMENT AND AGREEMENT

I have read and understand this Release and voluntarily sign it, intending to be legally bound. I acknowledge that I am over the age of 18 and have the legal right to execute this Release.

Volunteer Name (Print): _____

Volunteer Signature: _____

Date: _____

Emergency Contact Name & Phone: _____

Witness Name (Print): _____

Witness Signature: _____

Date: _____