

2016 Journey of Hope



Waiver/release of liability

Name(s) of student : _____

Parent/Guardian: _____

Date: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Cell: _____

I Realize that horseback riding and / or handling of horses is dangerous and that injury can result to me or anyone else around me at any time.

With this General Release and Waiver, I accept notice and recognize and agree with the provisions of the Equine Activity Liability Act, Section 3.1 -796.130 Through Section 3.1-796.133 of the code of Virginia. I also recognize and agree with the following:

Horses have the propensity to behave in dangerous ways which could result in injury to me(or my child if he/she is under the age of eighteen);

The owners of property (Sammie Leary, Husband and other family members) And Victoria Bryant, independent contractor (Journey of Hope inc.) and the directors of J.O.H at 14225 River rd, Chesterfield, VA 23838 and any other boarders or trainers are unable to predict any horse behavior such as reactions to sound, movements, objects, persons, animals,equipment, natural occurrences, etc and

Hazards of surface or subsurface conditions on the Farm property

Other animals such as cats can scratch or bite with out warning

Hazards of Goats. Pig, chickens, rooster, bunny cats or dogs because they are animals and can also be unpredictable.

I hereby agree to abide by the rules of Journey of Hope inc and its directors, trainer , instructors, boarders and the Leary family.

I further understand that Journey of Hope inc and its directors, trainers, instructors, boarders and the Leary Family **will not be responsible for any damage or injuries that may occur to me. Or any horse or other animal or property that I may have at Journey of hope.**

Because we work with special needs children of all kind. Some disabilities such as Down Syndrome has its special precautions. It is a know fact that a child with downs can be hurt more then another if a fall was to happen. So if you child does have downs or any other condition that is classified as high risk please intital _____ if you understand that because of the higher risk if a incident was to occur and that you will not hold Journey of Hope inc and its directors and the Leary family responsible. (There is not guarantee there will be no problems and I, Victoria Bryant, and the other instructors are trained to read the horses body language and expressions to know if some thing is about to happen and knows to remove the child before such indecent should occur but can't always predict a problem if one would occur.)

I agree to release, acquit, and forever discharge Journey of Hope Inc , its directors, instructors, boarders and the Leary family or any one else connected to the farm harmless and free of any claims for damages, causes of action, demands, damages, cost, expenses, equitable relief or compensation of whatever kind, known or unknown, accrued or unaccrued as a result of any accident, injury or loss which may occur to me at any location of Journey of hope and any other property owned by Victoria Bryant or its directors, trainers, boarders and The Leary Family.

I agree that in signing this release that I rely wholly upon my judgment, belief and knowledge, and/or the advise of anyone else I may have consulted. Nothing in this release shall preclude its being plead in bar of any claim, action or suit herein released.

It is further understood and agreed that I covenant to hold Journey of Hope Inc, its directors, trainers, boarders and the Leary family harmless and to indemnify journey of hope inc, its directors, trainers, boarders and The Leary family for all cost incurred, including attorney's fees, resulting from any claim, action or suit arising from or related to the matters covered by this General Release or otherwise relating to 14225 River Rd, Chesterfield, VA 23838 property and any other property owned by Journey of Hope inc, directors, trainers, boarders and the Leary Family.

Date at this _____ day of _____ of 20__.

Student, Independent contractor and/or boarders signature

Parent or Guardian Signature

Name of all people in the party:

Discrimination disclaimer: we don't discriminate against sex. Race, religion, color or disability. All is treated equally.

We don't share your information to any one.