

## Release Form – WCR Visitors, Guests, Participants

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

### LIABILITY RELEASE

In return for being allowed to use Willow Creek Ranch, Inc. (WCR) Therapeutic Riding Center, including its facilities, horses and equipment, where applicable for horseback riding and other ranch related activities, I \_\_\_\_\_ (Your Name) agree to abide by all the rules and regulations of WCR now in effect or later adopted. In addition, I hereby agree to assume all responsibility and risk from participation in activities of or at WCR. I further agree to hold WCR, its Board of Directors, instructors, equine specialist, therapist, and volunteers free and harmless from all damages or liability for any injury to person or property arising as a result of the use of the facilities, horses, and/or equipment owned or leased to WCR, including any injury caused by their negligence.

I am aware of the significant risks of injury that horseback riding and horse-related activities may cause to me, however, I feel that the possible benefits to me are greater than and outweigh the risk assumed. By signing this agreement I am assuming all risk and do hereby understand that horses are animals, not subject to any guarantee of reliability. Therefore, I agree to release, indemnify and hold harmless WCR, its Board of Directors, instructors, equine specialist, therapist, and volunteers from all liability they may incur.

In accordance with the Wisconsin Law relating to the limitation of civil liability regarding equine activities: “NOTICE: A person who is engaged for compensation in the rental of equines or equine equipment or tack in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in the equine activities resulting from the inherent risks of equine activities, as defined in section 895.481(1)(e) of the Wisconsin Statutes.”

Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Guest, Visitor, Client, Parent or Legal Guardian

If you are signing this waiver of liability on behalf of a minor or ward, please indicate the name(s) of those individuals:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

### PHOTO RELEASE

I Do  I Do Not

Consent to and authorize the use and reproduction by Willow Creek Ranch, Inc. of any and all photographs and any other audio/visual materials taken of me / my son / my daughter for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

Photo Release Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Guest, Visitor, Client, Parent or Legal Guardian