



THE WAGON STOP RELEASE AND WAIVER OF LIABILITY AGREEMENT

I hereby enter this agreement in consideration of my receiving equine assisted psychotherapy (EAP) / equine assisted learning (EAL) and/or therapy. I understand that sessions may include ground work with horses and/or horse mounted sessions with horse/s owned by **The Wagon Stop – Wellness Farm**, whose address is 1320 Beechmont Rd, Beechmont, Queensland, 4211.

IMPORTANT NOTICE

BY SIGNING THIS AGREEMENT YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF YOUR PARTICIPATION IN EQUINE ASSISTED PSYCHOTHERAPY or EQUINE ASSISTED LEARNING or THERAPY WITH THE WAGON STOP – WELLNESS FARM, INCLUDING INJURY, DEATH, OR PROPERTY DAMAGE ARISING OUT OF THE NEGLIGENCE OF YOU OR THE WAGON STOP – WELLNESS FARM.

READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOUR UNDERSTANDING OF AND AGREEMENT TO ITS TERMS.

By signing this form, I hereby acknowledge on behalf of myself that I have familiarised myself with the activities that I will be allowed to participate in, and that I do hereby acknowledge and agree that I will participate in these activities without restriction or limitation. I recognise the inherent risks involved in riding and working with horses, as well as, receiving treatments in an outdoor environment, including but not limited to:

- Bites, kicks, abrasions or contusions from horses;
- Being pushed, reared at, or bucked off by horses;
- Scratches or other injury from stalls or enclosures;
- Scratches or other injury from grooming tools and other equine equipment and tack;
- Allergic reactions to animals, hay, insects, ants, or other allergens;
- Bites from snakes or other animals/insects;
- Tripping in holes, over rocks/branches, or on materials or equipment;
- Slipping, falling, or otherwise being injured in the rooms, stalls, or on the grounds, which may be slippery, muddy, wet, or contain or present other hazards;
- Other environmental hazards such as falling tree limbs/branches, fire, lightning strikes, hail, sunburn, heatstroke, and any other environmental events.

I hereby specifically forever waive and release **The Wagon Stop – Wellness Farm**, its principles, partners, officers and all individual servants and agents thereof from any liability or injury arising out of the inherent risks from riding, working or participating in a stable/outdoor environment and/or with horses, as well as from the active negligence of **The Wagon Stop – Wellness Farm**, its principals, partners, officers and all individual servants and agents.

By signing this agreement, I hereby acknowledge that although there may be supervision during my time spent at **The Wagon Stop – Wellness Farm** and its principals, partners, officers and all individual servants and agents bear no responsibility for my health or medical care.

I agree to indemnify, save, and hold harmless **The Wagon Stop – Wellness Farm** and its principals, partners, officers and all individual servants and agents from and against any loss, liability, damage, attorneys'/legal fees, or cost that they may incur arising out of, or in any way connected with, either my presence or participation at **The Wagon Stop – Wellness Farm** or any acts or omissions of **The Wagon Stop – Wellness Farm** principals, partners, officers and all individual servants and agents.

By signing this Agreement, I hereby acknowledge my complete understanding, agreement and consent to my presence and/or participation in the activities at **The Wagon Stop – Wellness Farm**, without restriction, without liability to **The Wagon Stop – Wellness Farm**, its principals or agents, and with full knowledge and understanding of the disclosures, waivers, and releases herein.

If I am present to participate in the activities of **The Wagon Stop – Wellness Farm**, I do so at my own risk, and I hereby acknowledge and agree that **The Wagon Stop – Wellness Farm** and /or any of its principals, partners, officers and all individual servants and agents shall bear no responsibility or risk associated with injuries that could arise from my presence or participation at **The Wagon Stop – Wellness Farm**.

By signing hereunder, I _____
(Please print your full name)

confirm having read and understood the contents of this **Release and Waiver of Liability Agreement**.

Dated:

(Signature)

(Witness name)

(Witness Signature)