Liability Release Form

Name: _____ Date of birth: _____

Address: _____ _____ _____ _____

street city state zip

Phone number: _____ email: _____

In case of emergency, contact: _____ Phone: _____

Acres of Opportunity Ranch (AOR) seeks and strives for safety at all times. However, I understand that there are certain risks inherent in equine related activities. I acknowledge that all activities involving horses (including but not limited to: horseback riding, handling, leading, groundwork and other contact) involve this degree of risk.

Under Colorado law, an equine professional is not liable for any injury or death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Section 13-21-119, Colorado Revised Statutes. In consideration of the services of Acres of Opportunity Ranch, Front Range Stables, their agents, owners, officers, volunteers, participants and all other persons or entities acting in any capacity on their behalf (herein collectively referred to as AOR), I agree to waive and release forever all claims for damages against AOR for any and all injuries and/or losses that could be sustained while participating in AOR's program. I further understand that I am not covered under AOR's insurance policy.

I will be participating with AOR in the following capacity:

___boarder ___volunteer ___lesson participant ___other (please specify): _____

Agency or referral therapist: _____ Phone: _____

I have read, understand and agree to the above release.

Signature _____ Date _____

Signature of parent/guardian (if participant is under 18) _____