



**(Jedel Graff Farm LLC)
LIABILITY RELEASE FORM**

Horseback riding lessons, farm visits, farm class, recreational riding, boarders, and volunteers

Activity (camp / lesson/ visit / volunteer, other) _____ Date _____

Caregiver name: _____

Child's name, age, special notes: _____

Phone number: _____ Email: _____

Address: _____

In exchange for participation in camps, farm visits, volunteering, horseback riding, horse boarding or leasing, and/or contact with any/all farm or otherwise household animals, organized by Laughing Buck Farm (Jedel Graff Farm LLC) or Rosemary Jedel Graff or Gregory Graff of 3724 North County Road 13, Fort Collins, CO 80524, and/or for use of the property, facilities, and services of Laughing Buck Farm (Jedel Graff Farm LLC), Rosemary Jedel Graff, or Gregory Graff, I agree for myself and (if applicable) for the members of my family or for children in my care to the following:

Please initial after each statement, fill requested information, and sign bottom of document.

- 1) I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by Rosemary Jedel Graff, Gregory Graff, or the employees, representatives, volunteers, or agents of Laughing Buck Farm. _____

- 2) I know, recognize and understand that animal behavior is inherently unpredictable and that there are certain inherent risks associated with horseback riding, farm visits, volunteering, boarding horses, or being in contact with farm animals. _____

- 3) I assume full responsibility for personal injury to myself and (if applicable) my family members, or group members and further release and discharge Laughing Buck Farm from injury, loss, or damage arising out of myself or my family's use of or presence upon the facilities of Laughing Buck Farm, whether caused by myself, my family, Laughing Buck Farm, its animals, or other third parties. _____

- 4) I agree to indemnify and defend Laughing Buck Farm against all claims, causes of action, damages, judgments, costs, or expenses, including attorney fees, and other litigation costs, which may in any way arise from myself or my family's use of or presence upon the facilities of Laughing Buck Farm. _____

- 5) I agree to pay for all damages to the facilities of Laughing Buck Farm caused by myself or my family's negligent, reckless, or willful actions. _____

6) Furthermore, I understand that from time to time, photographs may be taken at Laughing Buck Farm, and I hereby give permission Laughing Buck Farm or Rosemary Jedel Graff / Gregory Graff to use and publish such photographs for any lawful purpose. _____

7) If you are leaving your children in our care:

I consent to the participation of _____, in any or all of the following activities: farm visits, tractor rides, horseback riding, boarding, volunteering, coming in contact with animals, gardening, classes, games, group play, picnics. And I agree on behalf of the above persons to all the terms and conditions of this Agreement. By signing this LIABILITY RELEASE FORM, I represent that I have legal authority over and custody of said child/children. _____

IN EVENT OF INJURY: In the event of injury to the above minor(s) during the above described activities, I give my permission to Laughing Buck Farm or to the employees, volunteers or representatives of Laughing Buck Farm, to arrange for all necessary medical treatment for which I shall be financially responsible.

Child(ren)'s name(s) and age _____

Allergies _____

Medical conditions _____

I hereby given permission to take or to have child transported to closest hospital in event of injury.

8) Furthermore, I understand that from time to time, photographs may be taken at Laughing Buck Farm, and I hereby give permission Laughing Buck Farm or Rosemary Jedel Graff / Gregory Graff to use and publish such photographs for any lawful purpose. _____. Please talk to teacher directly if you do not want photos taken.

Any legal or equitable claim that may arise from participation in the above shall be resolved under CO state law.

9) I, am aware of the risks of contracting Covid-19 while receiving face to face services from Laughing Buck Farm . _____

All references to Laughing Buck Farm include owners, managers, employees, and associated volunteers, physicians, therapists, or independent contractors of Laughing Buck Farm.

I HEREBY HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

CO State Warning: under Colorado State Law, an equine professional is not liable for an injury to, or death of, participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 895.525 PROVISIONS COMMON TO ACTIONS AND PROCEEDINGS IN ALL COURNTS MISCELLANEOUS GERNAL PROVISIONS.

Name: _____ Date: _____

Signature: _____