**PARENT/GUARDIAN/ADULT VOLUNTEER**

**INFORMED CONSENT AND RELEASE OF LIABILITY WAIVER**

This form is valid for a period of one year from the date signed.

No individual can be accepted as a volunteer at **Sunrise Stables and Sunrise Equine Rescue** until this form has been completed by his/her parent(s)/guardian or by the individual if he/she is a legally competent adult age 18 or older.

I/We assume the risks and accept the consequences involved in the participation of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( volunteer's name)

At **Sunrise Stables and Sunrise Equine Rescue, 401 E Mason Benson Rd., Grapeview, WA 98546.**

I/We are hereby informed of the possible dangers to me/my child/my ward that may result from participation , including soft tissue (including skin and muscle) injury, ligament and tendon injury, bone/joint injury and exacerbation of chronic conditions.

I/We recognize that the above listing may not be complete and that a fuller explanation of the possible consequences is available upon request. However, I/we do not wish further explanation.

I/We accept the responsibility for complying fully with all safety regulations and practices and I/we will consult with the instructor/supervisor for advice in circumstances where safe practices are in doubt.

I/We hereby release **Sunrise Stables and Sunrise Equine Rescue**, its instructors, staff, volunteers and any other individuals and /or organizations involved from any liability for injury that may result from participation.

I/We have read and fully understand this document.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Parent(s) / Guardian / Adult (circle appropriate title)

**Witness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_**