



**WAIVER AND RELEASE OF LIABILITY  
ADULT CLIENT**

I, \_\_\_\_\_, am with disabilities. I verify that I have authorization to sign this informed consent.

I am receiving equine therapeutic care from the OPEN ARMS THERAPY, (O.A.T.) and I understand that there may be risks involved in allowing myself to participate in this program. I further understand that O.A.T. may utilize a horse riding/training facility that it does not own and that is offered free of charge from a third party. I understand and acknowledge that O.A.T. does not make any warranties that any properties owned by a third party have been inspected for potential hazards. I willing participate in this program even though I know that O.A.T. may not be the title holder to any land and/or facility that the therapy lessons/sessions may occur at. Knowing that, I further waive any rights I may have with respect to harm that may occur on the property of a third party.

The lessons/sessions are being held at 1202 Texline, Dalhart TX and/or Hardy Gordon-12150 Green Acres Lane, Dalhart TX 79022. I specifically waive any rights I may have, as authorized by law, with respect to this property and facility. I understand that by waiving this right and /or rights, I release these property owners from any liability for any harm I, may incur as a result of any activities I participate in while at this property and facility. I further waive any rights that I have with respect to O.A.T. and I voluntarily participate in the O.A.T. program. I release O.A.T. from and liability which may arise from my O.A.T. participation.

**Under Texas Law (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.**

I affirm that I have read and understand the above waiver and release from liability. I affirm that I am signing this waiver and release from liability voluntarily. I affirm that I have not been given any promises in exchange for executing this waiver and release from liability.

SIGNED on this Date\_\_\_\_\_

\_\_\_\_\_  
(Signature of O.A.T representative)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed name)

\_\_\_\_\_  
(Address)

Telephone: (\_\_\_\_)\_\_\_\_\_

Alternate Telephone number:\_\_\_\_\_