



**WAIVER AND RELEASE OF LIABILITY  
CLIENT**

I, \_\_\_\_\_, am the parent and/or guardian of \_\_\_\_\_, a person under the age of eighteen (18) and/or with disabilities. I verify that I have authorization to sign this informed consent on behalf of my child/ward.

My child/ward is receiving equine therapeutic care from the OPEN ARMS THERAPY, (O.A.T.) and I understand that there may be risks involved in allowing my child/ward 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 authorize my child/ward to 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 or my child/ward 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 or my child/ward 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 this property owner from any liability for any harm I, or my child/ward may incur as a result of any activities I or my child/ward participate in while at this property and facility. I further waive any rights that I or my child/ward with respect to O.A.T. and I voluntarily authorize my child/ward to participate in the O.A.T. program. I release O.A.T. from and liability which may arise from my and 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 and on behalf of myself and my child/ward. 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 of Parent or Guarding)

\_\_\_\_\_  
Printed name of Parent or Guardian

\_\_\_\_\_  
Address of Parent or Guardian

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

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