

Dream Catcher Farm

920 Trianon Drive, Fairbanks, Alaska 99712
(907) 388-8312 (Angela Hoffman)

Waiver of Liability and Release

PLEASE READ THE FOLLOWING CAREFULLY. If you have any questions, please have them answered **before** signing this document.

While participating in activities at Dream Catcher Farm, I,

_____, in full recognition and appreciation of the dangers and risks inherent in such activities (including but not limited to horse related activities), do hereby waive, release, and forever discharge Dream Catcher Farm, and its officers, agents, members, and employees (including but not limited to Donald Lee Smith Jr., Hannah B. Smith, Angela Hoffman, and Jeremy Hoffman), as well as

_____ From and against any and all claims, demands, action or causes of action, for costs, expenses or damages to personal property, or personal injury, or death which may result from my participation in these activities.

I understand and admit that my participation at Dream Catcher Farm is Voluntary. I assume full responsibility for any injuries or damages resulting from my participation in activities at Dream Catcher Farm. I also assume responsibility for using reasonable judgment in all activities and following all posted rules while participating in activities at Dream Catcher Farm. I recognize and understand that the activities may be hazardous, that my participation is solely at my own risk, and that I assume full responsibility for any resulting injuries or damages.

I affirm that I am in good health. I further declare that I am physically fit and capable to participate in such activities. I acknowledge that it is the recommendation of Dream Catcher Farm that I obtain general medical/health insurance if I am not already covered. I understand that it is my responsibility to notify the appropriate person of emergency medical information. I also understand that this Waiver of Liability and Release binds my heirs, Executors, administrators, and assigns as well as myself.

I acknowledge that I have read and understand this entire Waiver of Liability and Release, and I agree to be legally bound by it.

Participant's Name

Participant's Signature

Date

Name of Parent(s) and/or Guardian(s)
if Participant is under 18 years of age

Contact Phone Number

Signature of Parent or Guardian if
Participant is under 18 years of age