



True Friends Camp Courage
8046 83rd St NW
Maple Lake, MN 55358

Liability Release

I, , (herein called Releaser), in consideration of being permitted to use the facilities and services of True Friends for himself/herself, spouse, my minor child, legal representatives, heirs and assigns, HEREBY RELEASES, TRUE FRIENDS, (HEREIN CALLED RELEASEE) THEIR OFFICERS, MEMBERS, AGENTS, EMPLOYEES AND VOLUNTEERS, FROM ALL LIABILITY TO THE RELEASOR, THEIR SPOUSE, LEGAL REPRESENTATIVES, HEIRS AND ASSIGNS, FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DAMAGES RESULTING THERE FROM ON ACCOUNT OF INJURY TO RELEASOR'S PERSON, EVEN INJURY RESULTING IN DEATH OF THE RELEASOR, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASOR OR OTHERWISE WHILE THE RELEASOR IS RIDING, WORKING, OR FOR ANY PURPOSE USING THE FACILITIES, EQUIPMENT OR SERVICES OF TRUE FRIENDS.

- 1) I agree to indemnify TRUE FRIENDS and their officers, members, agents, employees or volunteers from any loss, damage or cost that may incur due to the participation or use of the facilities, equipment and services of Releasee due to the presence of myself or my minor child in or upon the property owned, Located at or controlled by TRUE FRIENDS whether caused by the negligence of the Releasees or otherwise.
- 2) I fully understand any involvement with horses involves some risk of harm or injury to myself, my minor child, my horses or my other property and that risk of damage or injury is a normal incident of involvement with horse-related activities and I hereby agree that risk is borne by me and/or my minor child and not by TRUE FRIENDS or their officers, members, agents, employees or volunteers.

**** PLEASE CHOOSE ONE ****

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) below is unable to be reached.

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/aid is required, ***I wish the following procedures to take place:***

THIS RELEASE CONTAINS THE ENTIRE AGREEMENT BETWEEN THE PARTIES HERETO AND THE TERMS OF THIS RELEASE ARE CONTRACTUAL AND NOT A MERE RECITAL.
I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF **AND SIGNED THIS RELEASE AS MY OWN FREE ACT.**

Signature: _____ **Date:** _____

(if under 18) Parent/Guardian Signature: _____ **Date:** _____