



### **WARNING**

**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 INHERENT RISKS OF EQUINE ACTIVITIES.**

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### **AGREEMENT TO PARTICIPATE: ASSUMPTION OF RISK AND RELEASE**

\_\_\_\_\_ (Applicant) wishes to be accepted as a participant in challenge course activities and/or other activities which may occur at Camp Coyote. In consideration of Camp Coyote's action in allowing the applicant to participate in such program, understands and acknowledges the following risks by their signature below:

The undersigned acknowledges that the said ride and/or specified activity may be a potentially dangerous activity and that certain risks and accidents may occur. These include, but are not limited to, the hazards of depending on other people and on unpredictable animals, accident or illness in remote places without medical facilities, the forces of nature, and travel by air, train, boat, automobile or other conveyance. The undersigned further recognizes that these risks may also include loss or damage to personal property, physical or psychological damage and/or injury not excluding fatality due to accidents which may occur, including accidents resulting from this ride and/or other type of specified activities. I further understand that participating in the program I am requesting to participate in, I will be exposed to the elements of nature, including temperature extremes, and inclement weather.

In consideration of, and as part payment for the right to participate in such a program and the services provided for me by Camp Coyote I have and do hereby assume all the above risks which are not specifically foreseeable, and will hold harmless, release, and discharge Camp Coyote, its owners, directors, officers, employees, agents, and/or representatives or otherwise. I state that I am not under, and will not be under the influence of any chemical substance including alcohol, and I also understand that my participation in this Camp Coyote program is entirely voluntary.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, ST, Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Signature of applicant:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

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

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

**Parent/Guardian:** \_\_\_\_\_  
(if applicant is under age 18)