Owasippe Scout Reservation
Diamond O Ranch
Equine Activity

RELEASE OF LIABILITY

In consideration of the Owasippe Scout Reservation, Chicago Area Council, Boy Scouts of America, and all affiliated persons, sponsors, volunteers, and groups, collectively referred to as THE EQUINE ACTIVITY SPONSOR, permitting me or the below listed minor child to participate in equine activities, I have reviewed and expressly agree to the terms of this Release of Liability.

My signing of this Release of Liability reflects my understanding and acknowledgement that participating in equine activities involves inherent risks of danger that can result in injury.

By participating in equine activities or by allowing the below listed minor child to participate in equine activities, I expressly accept complete and total responsibility for all risks of injury and injuries related thereto both on and off THE EQUINE ACTIVITY SPONSOR'S property.

My signing of this Release of Liability reflects my understanding and acknowledgement that the EQUINE ACTIVITY SPONSOR is not liable for any injuries to myself or to the below listed minor child resulting from our own negligence or willful or wanton acts, or from the negligent acts of THE EQUINE ACTIVITY SPONSOR.

By signing this Release of Liability, I promise and pledge that I will provide to THE EQUINE ACTIVITY SPONSOR a truthful and complete statement of my equine activity experience or the equine activity experience of the below listed minor child.

By signing this Release of Liability, I expressly agree that at all times while participating in equine activities, I or the below listed minor child will wear an ASTM/SEI certified safety helmet supplied by THE EQUINE ACTIVITY SPONSOR. Failure to wear this safety helmet while participating in equine activities will bar any and all claims against THE EQUINE ACTIVITY SPONSOR for damages arising from the equine activities.

By signing this Release of Liability, I expressly agree to reimburse and indemnify THE EQUINE ACTIVITY SPONSOR for all expenses, costs or legal fees it incurs in enforcing the terms of this Release of Liability. I further agree to reimburse or indemnify THE EQUINE ACTIVITY SPONSOR for all expenses, cost and legal fees it incurs in defending itself against claims of other persons for injuries arising from the negligent or willful and wanton acts of myself or the below listed minor child while participating in equine activities.

By signing this Release of Liability, I expressly acknowledge and agree that Michigan law governs all disputes relating both to the interpretation of

this Release of Liability and to all disputes relating in any way to injuries resulting from participation in equine activities.

WARNING

UNDER THE MICHIGAN EQUINE ACTIVITY LIABILITY ACT, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN AN EQUINE ACTIVITY RESULTING FROM AN INHERENT RISK OF THE EQUINE ACTIVITY.

By signing this Release of Liability, I expressly acknowledge that I have reviewed, understand and agree to all aspects of this Release of Liability.

_____	_____
Equine Participant	**Signature**
_____	_____
Street Address	**Date**
_____	
City, State, Zip	
(_____)_____	
(Area Code) Phone Number	

If the above equine participant is a minor child, under the age of 18 years old, the signature of a parent or legal guardian of the equine participant is required.

By signing this release, I expressly acknowledge that I have reviewed, understand and agree to all aspects of this Release of Liability on behalf of the minor equine participant identified above.

_____	_____
Parent or Legal Guardian	**Signature**
_____	_____
Street Address	**Date**
_____	
City, State, Zip	
(_____)_____	
(Area Code) Phone Number	