RANCHO DE LOS ANIMALES
FOR THE DISABLED, INC.
2756 Green Place ~ Arroyo Grande, CA 93420
Beth Currier, Founder/Director (805) 459-9083
Suzanne Rains-Schneider, Ranch Manager (805) 458-6000

RANCHO • DE • LOS • ANIMALES
FOR THE DISABLED
• INC •
a non profit corporation

Liability Waiver

The participant and his/her agents, employees or relatives, hereby agree to defend, indemnify, release and hold harmless RANCHO DE LOS ANIMALES, INC., its Agents, officers, employees and specifically Beth D. Currier, from any and all claims, lawsuits, loss, damage, personal injury or liability of any sort arising out of, or in any way connected with the use of the property, facilities, animals or improvements of RANCHO DE LOS ANIMALES, INC., its officers. employees and specifically Beth D. Currier, whether occurring at 2756 Green Place, Arroyo Grande, California 93420, or while otherwise participating in, attending or observing any activity sponsored by, offered by or connected with RANCHO DE LOS ANIMALES, INC., its agents, officers, employees and specifically Beth D. Currier.

By entering on the property of RANCHO DE LOS ANIMALES, INC., located at 2756 Green Place, Arroyo Grande, California 93420 or while participating in any way in any event or activity sponsored by, participated in, by or connected with RANCHO DE LOS ANIMALES, INC., its agents, officers, employees and specifically Beth D. Currier, the Participant and his/her agents, employees or relatives, specifically agree to primarily assume the risk associated with the use of, participation in or observation of the potentially hazardous recreational activities offered by RANCHO DE LOS ANIMALES, INC., its agents, officers, employees and specifically Beth D. Currier.

Referring Agency

____ High School ____ Court-Ordered ____ Pucciarelli Consulting ____ Other

_____

Name Signature

Phone Number _____ Today's Date _____

If participant is under 18 or intellectually-challenged:

_____

Print name of parent or legal guardian Signature of parent or legal guardian

Emergency Contact:

Print Name: _____ Phone Number_____